

317859-ANR2002

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Aug 05, 2002 8:00 am
Secretary of State

08-05-2002 90005 014 ***550.00

DOCUMENT # P010000806151. Entity Name
MELDISCO/CT 770 EDGEWOOD AVE., FL., INC.Principal Place of Business
**933 MACARTHUR BOULEVARD
MAHWAH NJ 07430**Mailing Address
**933 MACARTHUR BOULEVARD
MAHWAH NJ 07430**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
22-3840300

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525****7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE **PRESIDENT** ☐ Delete
NAME **JEFFREY A. SHEPARD**
STREET ADDRESS **933 MacARTHUR BLVD., MAHWAH, NJ 07430**
CITY-ST-ZIPTITLE **SECRETARY** ☐ Delete
NAME **MAUREEN RICHARDS**
STREET ADDRESS **1 CROSFIELD AVE., WEST NYACK, NY 10994**
CITY-ST-ZIPTITLE **TREASURER** ☐ Delete
NAME **KATHLEEN GUINNESSSEY**
STREET ADDRESS **1 CROSFIELD AVE., WEST NYACK, NY 10994**
CITY-ST-ZIPTITLE **VICE PRESIDENT** ☐ Delete
NAME **Ronald Steese**
STREET ADDRESS **67 Millbrook St**
CITY-ST-ZIP **Worcester, MA 01606**TITLE **Assistant Secretary** ☐ Delete
NAME **Timothy Garahan**
STREET ADDRESS **67 Millbrook St**
CITY-ST-ZIP **Worcester MA 01606**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
NAME **Ronald Steese**
STREET ADDRESS **67 MILLBROOK STREET, WORCESTER MASS 01606**
CITY-ST-ZIP **ASST. SECY.**TITLE **ASST. SECY.** ☐ Change ☒ Addition
NAME **Timothy Garahan**
STREET ADDRESS **67 MILLBROOK STREET, WORCESTER MASS 01606**
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RONALD STEESE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**VICE PRESIDENT**

Date

07/19/02 (508) 757-5006

Daytime Phone #

CH20034 (4/02)