2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State
05-02-2000 90110 044 ***150.00

DOCUMENT # P04523

1. Entity Name

BRYANSTON GROUP, INC.

Principal Place of Business	Mailing Address
1886 ROUTE 52 HOPWELL JUNCTION NY 12533 US	1886 ROUTE 52 HOPWELL JUNCTION NY 12533 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2424 Route 52	2424 Route 52
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hopewell Jct NY	City & State: Hopewell Jct NY
Zip: 12533 Country: USA	Zip: 12533 Country: USA

4. FEI Number 58-1594136 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THE PRENTICE HALL CORPORATION SYSTEM INC 1201 HAYES STREET SUITE 105 TALLAHASSEE FL 32301	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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CDP TOLLMAN, STANLEY S. 1886 ROUTE 52 HOPWELL JUNCTION NY 12533	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CS TOLLMAN, BRETT G 1886 ROUTE 52 HOPWELL JUNCTION NY 12533	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CDP TOLLMAN, BRETT G. 2424 ROUTE 52 HOPEWELL JUNCTION, NY 12533 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KENDZIERA, CRAIG 1886 ROUTE 52 HOPWELL JUNCTION NY 12533	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVT KENDZIERA, CRAIG 2424 ROUTE 52 HOPEWELL JUNCTION, NY 12533 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS PLEMMONS, JODEE 2424 ROUTE 52 HOPEWELL JUNCTION, NY 12533 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VAS STEENHUISEN, ROBERT 2424 ROUTE 52 HOPEWELL JUNCTION, NY 12533 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Jodee Plemmons 4/24/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #