

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91423 006 ***150.00

0818470 AT

DOCUMENT # P07748
 1. Entity Name
DANSK INTERNATIONAL DESIGNS, LTD., INC.

Principal Place of Business 108 CORPORATE PARK DRIVE WHITE PLAINS FL 10604 US	Mailing Address 100 LENOX DR 100 LENOX DRIVE LAWRENCEVILLE NJ 08648-2309 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 13-3250156	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
~~C-T CORPORATION SYSTEM~~
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE _____ (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 \$150.00
After May 1, 2002 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

TITLE	VP	<input type="checkbox"/> Delete
NAME	OKEFFE, MARY	
STREET ADDRESS	108 CORPORATE PK DR	
CITY-ST-ZIP	WHITE PLAINS NJ	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	FANTIN, LOUIS A	
STREET ADDRESS	% LENOX, INCL, 100 LENOX DR	
CITY-ST-ZIP	LAWRENCEVILLE NJ	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HERMAN, DAVID	
STREET ADDRESS	100 LENOX DR	
CITY-ST-ZIP	LAWRENCEVILLE NJ 08648-2394	
TITLE	D	<input type="checkbox"/> Delete
NAME	STANLEY, KRANGEL E	
STREET ADDRESS	100 LENOX DR	
CITY-ST-ZIP	LAWRENCEVILLE NJ 08648-2394	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GENCARELLI, ORLANDO	
STREET ADDRESS	108 CORPORATE PARK DR	
CITY-ST-ZIP	WHITE PLAINS NY 10604	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARONOVITZ, ALAN M	
STREET ADDRESS	100 LENOX DR	
CITY-ST-ZIP	LAWRENCEVILLE NJ 08648-2394	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	WHITE PLAINS NY 10604	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	GEN'L MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEANNE ALLEN	
STREET ADDRESS	108 CORPORATE PK DR	
CITY-ST-ZIP	WHITE PLAINS NY 10604	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ASST SECY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT O. COHEN	
STREET ADDRESS	100 LENOX DR	
CITY-ST-ZIP	LAWRENCEVILLE NJ 08648	
TITLE	CONTROLLER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL SCHENFELD	
STREET ADDRESS	100 LENOX DR	
CITY-ST-ZIP	LAWRENCEVILLE NJ 08648	

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: ROBERT O. COHEN **SIGNATURE REQUIRED** ASSISTANT SECRETARY 03/13/02 609-844-1331
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/01)