

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

03-29-2002 91423 006 \*\*\*150.00

0618470 AT

**DOCUMENT # P07748**

1. Entity Name

**DANSK INTERNATIONAL DESIGNS, LTD., INC.**

Principal Place of Business

Mailing Address

**108 CORPORATE PARK DRIVE  
 WHITE PLAINS FL 10604  
 US**

**100 LENOX DR  
 100 LENOX DRIVE  
 LAWRENCEVILLE NJ 08648-2309  
 US**

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

**13-3250156**

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

**C-T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **VP**  
 STREET ADDRESS **OKEFFE, MARY**  
 CITY-ST-ZIP **108 CORPORATE PK DR  
 WHITE PLAINS NJ**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP **WHITE PLAINS NY 10604**

TITLE ☐ Delete  
 NAME **VPSD**  
 STREET ADDRESS **FANTIN, LOUIS A**  
 CITY-ST-ZIP **% LENOX, INCL, 100 LENOX DR  
 LAWRENCEVILLE NJ**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Delete  
 NAME **PD**  
 STREET ADDRESS **HERMAN, DAVID**  
 CITY-ST-ZIP **100 LENOX DR  
 LAWRENCEVILLE NJ 08648-2394**

TITLE ☐ Change ☒ Addition  
 NAME **GEN'L MGR**  
 STREET ADDRESS **JEANNE ALLEN**  
 CITY-ST-ZIP **108 CORPORATE PK DR  
 WHITE PLAINS NY 10604**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **STANLEY, KRANGEL E**  
 CITY-ST-ZIP **100 LENOX DR  
 LAWRENCEVILLE NJ 08648-2394**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Delete  
 NAME **VP**  
 STREET ADDRESS **GENCARELLI, ORLANDO**  
 CITY-ST-ZIP **108 CORPORATE PARK DR  
 WHITE PLAINS NY 10604**

TITLE ☐ Change ☒ Addition  
 NAME **ASST SECY**  
 STREET ADDRESS **ROBERT O. COHEN**  
 CITY-ST-ZIP **100 LENOX DR  
 LAWRENCEVILLE NJ 08648**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **ARONOVITZ, ALAN M**  
 CITY-ST-ZIP **100 LENOX DR  
 LAWRENCEVILLE NJ 08648-2394**

TITLE ☐ Change ☒ Addition  
 NAME **CONTROLLER**  
 STREET ADDRESS **PAUL SCHENFELD**  
 CITY-ST-ZIP **100 LENOX DR  
 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 or other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**

**ROBERT O. COHEN**

**ASSISTANT SECRETARY**

**03/13/02**

**609-844-1331**

Date

Daytime Phone #

CR2E034 (9/01)