

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P08645

1. Entity Name

AMERICAN MANAGEMENT ASSOCIATION INTERNATIONAL, I

Principal Place of Business

ATTN JOHN KNOX
P O BOX 319
SARANAC LAKE NY 12983
US

Mailing Address

ATTN JOHN KNOX
P O BOX 319
SARANAC LAKE NY 12983
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

23-7259445

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

UNITED STATES CORPORATION COMPANY
1201 HAYES ST
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME PASQUALE, MICHAEL F.
STREET ADDRESS 14 E. CHOCOLATE AVE.
CITY-ST-ZIP HERSEY PA 17033

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

TITLE PCEO ☐ Delete
NAME WEATHERSBY, GEORGE
STREET ADDRESS 1601 BROADWAY
CITY-ST-ZIP NEW YORK NY 10019

TITLE PCEO ☒ Change ☐ Addition
NAME Williams, Barry
STREET ADDRESS 1601 Broadway
CITY-ST-ZIP New York, NY 10019

TITLE S ☐ Delete
NAME CONWAY, PATRICIA
STREET ADDRESS 1601 BROADWAY
CITY-ST-ZIP NEW YORK NY 1001

TITLE S ☒ Change ☐ Addition
NAME Duncan, Robert L.
STREET ADDRESS 1601 Broadway
CITY-ST-ZIP New York, NY 10019

TITLE D ☐ Delete
NAME BANNISTER, DAN R
STREET ADDRESS 2000 EDMUND HALLEY DR
CITY-ST-ZIP RESTON VA 22091

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

TITLE D ☐ Delete
NAME SLATE, WILLIAM K II
STREET ADDRESS 335 MADISON AVE
CITY-ST-ZIP NEW YORK NY 10017-4605

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

TITLE V ☐ Delete
NAME SMITH, MITCHEL R
STREET ADDRESS TRUDEAU RD
CITY-ST-ZIP SARANAC LAKE NY 12983

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MICHAEL PASQUALE

4/30/01

515-891-1500x2289

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90195 008 ****61.25

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DO NOT WRITE IN THIS SPACE

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