

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90216 023 \*\*\*150.00

**DOCUMENT #** P09820  
**1. Entity Name**  
Mepco/Centralab Inc.

**Principal Place of Business**  
60 Paul S. Friedlander  
1251 Avenue of Americas  
New York, New York 10020

**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** 13-326724/ **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

**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** \_\_\_\_\_  
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.** ☐  
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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	President	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martha Lee		NAME		
STREET ADDRESS	1251 Avenue of the Americas		STREET ADDRESS		
CITY - ST - ZIP	New York New York 10020		CITY - ST - ZIP		
TITLE	Vice President	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Belinda W. Chew		NAME		
STREET ADDRESS	1251 Avenue of the Americas		STREET ADDRESS		
CITY - ST - ZIP	New York New York 10020		CITY - ST - ZIP		
TITLE	Secretary	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Warren T. Oaks, Jr.		NAME		
STREET ADDRESS	1251 Avenue of the Americas		STREET ADDRESS		
CITY - ST - ZIP	New York New York 10020		CITY - ST - ZIP		
TITLE	Assistant Secretary	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas C. Wyatt		NAME		
STREET ADDRESS	1251 Avenue of the Americas		STREET ADDRESS		
CITY - ST - ZIP	New York New York 10020		CITY - ST - ZIP		
TITLE	Treasurer	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Raymond C. Fleming		NAME		
STREET ADDRESS	1251 Avenue of the Americas		STREET ADDRESS		
CITY - ST - ZIP	New York New York 10020		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4/24/01 212-536-0784 Daytime Phone #