

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P19132**

1. Entity Name

ARM INTERNATIONAL CORP.**FILED**
Aug 30, 2000 8:00 am
Secretary of State

08-30-2000 90002 031 ***150.00

Principal Place of Business

99 WOOD SVE S.
10TH FL
ISELIN NJ 08830

Mailing Address

99 WOOD SVE S.
10TH FL
ISELIN NJ 08830
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

34-1581635

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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

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 \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DC
HUTCHIN, JIM
99 WOOD AVE S.
ISELIN NJ 08830 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
GERMAN, GARY
99 WOOD AVE S.
ISELIN NJ 08830 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
JADELIS, T
99 WOOD AVE S.
ISELIN NJ 08830 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
BARNHOUSE, DORIS
6480 ROCKSIDE WOODS
CLEVELAND OH ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SHAWVER, EMORY
99 WOOD AVE SR.
ISELIN NJ 08830 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
See Attached ListTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John R. Lower, EVP

07/13/00

732-635-7226

Date

Daytime Phone #



DOC # P19132
[REDACTED] B0104757
ARM International Corporation

July 18, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Document #P19132

To Whom It May Concern:

We received a second request to file the 2000 Uniform Business Report recently. ~~A first request from you was never received at our location. We ask that you~~ please waive the late fees. At the advise of your help desk, we are submitting our report with the original filing fee, less any late fees.

Thank you for your cooperation.

Best regards,

A handwritten signature in cursive script, appearing to read 'Marie Martorano'.

Marie Martorano
Licensing Coordinator