

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P19565

1. Entity Name

F&S DISPOSITION, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90020 032 ***150.00

Principal Place of Business

Mailing Address

% THE INTERPUBLIC GROUP OF CO. INC.
ONE DAG HAMMARSKJOLD PLZ-7 FLR TAX DPT
NEW YORK NY 10017-9701
US

% THE INTERPUBLIC GROUP OF CO. INC.
ONE DAG HAMMARSKJOLD PLZ-7 FLR TAX DPT
NEW YORK NY 10017-2201
US

2. Principal Place of Business

136 MADISON AVENUE

3. Mailing Address

% THE INTERPUBLIC GROUP OF CO. INC.
ONE DAG HAMMARSKJOLD PLZ-7 FLR TAX DPT
NEW YORK NY 10017-2201
US

Suite, Apt. #, etc.

6TH FLOOR TAX DEPT

Suite, Apt. #, etc.

6TH FL TAX DEPARTMENT

City & State

NEW YORK, NY

City & State

NEW YORK

Zip

10016

Country

USA

Zip

10016

Country

USA

4. FEI Number

31-1105074

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRENTICE HALL CORPORATION SYSTEM INC.
1201, HAYS STREET
SUITE 105
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.
(See criteria on back)

☐

FILE NOW!! FEE IS \$150.00
After MAY 15, 2000 Fee will be \$200.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PALAZZO, PHILIP	
STREET ADDRESS	ONE DAG HAMMARSKJOLD PLAZA	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	T	<input type="checkbox"/> Delete
NAME	BERNS, STEVEN	
STREET ADDRESS	136 MADISON AVE 6TH FL	
CITY-ST-ZIP	NEW YORK, NY 10016	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LUBRANO, VINCENT	
STREET ADDRESS	ONE DAG HAMMARSKJOLD PLAZA	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	V	<input type="checkbox"/> Delete
NAME	MASON, ARTHUR M.	
STREET ADDRESS	136 MADISON AVE 6TH FL TAX	
CITY-ST-ZIP	NEW YORK NY 10016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Arthur Mason
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARTHUR M. MASON
VICE PRESIDENT

4/26/00 (212)951-5232
Date Daytime Phone #

CR2E034 (9/99)