

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-14-2001 90012 034 ***150.00

DOCUMENT # P19895

1. Entity Name

AZON CORPORATION

Principal Place of Business

701 AZON ROAD
P.O. BOX 290
JOHNSON CITY NY 13790-0290

Mailing Address

701 AZON ROAD
P.O. BOX 290
JOHNSON CITY NY 13790-0290

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 **15-0522913**

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

CT CORPORATION SYSTEM
1200 S. 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, 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	PD	<input checked="" type="checkbox"/> Delete
NAME	BORDAGES, WILLIAM	
STREET ADDRESS	117 RIVERSIDE DR.	
CITY-ST-ZIP	BINGHAMTON NY	
TITLE	TCFO	<input type="checkbox"/> Delete
NAME	DONOVAN, JAMES L	
STREET ADDRESS	401 ALPINE DRIVE	
CITY-ST-ZIP	VESTAL NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	BANNON, JAMES G., JR.	
STREET ADDRESS	1115 WESTERN BLVD.	
CITY-ST-ZIP	ARLINGTON TX	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SILVER, STEPHEN L.	
STREET ADDRESS	7 PARSONAGE HILL RD	
CITY-ST-ZIP	SHORT HILLS, NJ 07078	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLINE, RONALD	
STREET ADDRESS	7885 WILTON CRESCENT CIRCLE	
CITY-ST-ZIP	UNIVERSITY PARK, FL 34201	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEN, ROBERT	
STREET ADDRESS	2400 BALLYBUNION RD	
CITY-ST-ZIP	CENTER VALLEY, PA 18034	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIVINGSTON, ROBERT	
STREET ADDRESS	2613 PINEBLUFF DR	
CITY-ST-ZIP	VESTAL, NY 13850	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BORDAGES, JOHN	
STREET ADDRESS	6 CAMPBELL ROAD COURT	
CITY-ST-ZIP	BINGHAMTON, NY 13905	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOUGHERTY, THOMAS	
STREET ADDRESS	14287 HICKORY LANE CT	
CITY-ST-ZIP	FORT MYERS, FL 33912	

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

James L. Donovan 4/24/01 (607) 797-2367

Date

Daytime Phone #

CR2E034 (10/00)