

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90011 012 \*\*\*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

4. FEI Number

**15-0522913**

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 2002 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 ☐ Delete  
**PD**  
**SILVER, STEPHEN L**  
**7 PARSONAGE HILL ROAD**  
**SHORT HILLS NJ 07078**

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

TITLE ☐ Delete  
**TCFO**  
**DONOVAN, JAMES L**  
**401 ALPINE DRIVE**  
**VESTAL NY**

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

TITLE ☐ Delete  
**D**  
**BANNON, JAMES G., JR.**  
**1115 WESTERN BLVD.**  
**ARLINGTON TX**

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

TITLE ☐ Delete  
**D**  
**CLINE, RONALD**  
**7885 WILTON CRESCENT CIRCLE**  
**UNIVERSITY PARK FL 34201**

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

TITLE ☐ Delete  
**D**  
**ALLEN, ROBERT**  
**2400 BALLYBUNION ROAD**  
**CENTER VALLEY PA 18034**

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

TITLE ☐ Delete  
**D**  
**LIVINGSTON, ROBERT**  
**2613 PINEBLUFF D**  
**VESTAL NY 13850**

TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)