

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P20239 (0)

1. Corporation Name

BENTRA CORP.



Principal Place of Business

% ROBERT MARTIN COMPANY  
100 CLEARBROOK RD.  
ELMSFORD NY 10523

Mailing Address

% ROBERT MARTIN COMPANY  
100 CLEARBROOK RD.  
ELMSFORD NY 10523

3. Date Incorporated or Qualified

07/27/1988

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

24

Zip

Country

29

Zip

Country

25

30

4. FEI Number

13-3468232

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYES STREET.  
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BERGER, MARTIN S	
STREET ADDRESS	100 CLEARBROOK RD	
CITY-ST-ZIP	ELMSFORD NY	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	ROOS, LLOYD I.	
STREET ADDRESS	100 CLEARBROOK RD.	
CITY-ST-ZIP	ELMSFORD NY	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	WEINBERG, ROBERT F.	
STREET ADDRESS	100 CLEARBROOK RD.	
CITY-ST-ZIP	ELMSFORD NY	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BERGER, BRAD W	
STREET ADDRESS	100 CLEARBROOK, RD	
CITY-ST-ZIP	ELMSFORD NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JONES, TIM M	
STREET ADDRESS	100 CLEARBROOK RD	
CITY-ST-ZIP	ELMSFORD NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

100001792181  
-04/24/96--01021--001  
\*\*\*208.75

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-96

Date

(914) 592-4800

Daytime Phone #

CR2E034 (12/95)