

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P20418

1. Entity Name

LENOX OF NEW JERSEY, INCORPORATED

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90091 006 ***150.00

Principal Place of Business

Mailing Address

LENOX DRIVE
LAWRENCEVILLE NJ 08648

100 LENOX DRIVE
LAWRENCEVILLE NJ 08648-2309

C0011495



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

21-0498476

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

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 \$150.00
After MAY 1, 2000 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

TITLE CD ☐ Delete
NAME BROWN, OWSLEY II
STREET ADDRESS 850 DIXIE HWY
CITY-ST-ZIP LOUISVILLE KY

TITLE P ☐ Delete
NAME KRANGEL, STANLEY E
STREET ADDRESS 100 LENOX DRIVE
CITY-ST-ZIP LAWRENCEVILLE NJ

TITLE SVP ☐ Delete
NAME CISZEWSKI, JEROME J
STREET ADDRESS 100 LENOX DR
CITY-ST-ZIP LAWRENCEVILLE NJ 08648-2394

TITLE SVPD ☐ Delete
NAME FANTIN, LOUIS A.
STREET ADDRESS 100 LENOX DR
CITY-ST-ZIP LAWRENCEVILLE NJ

TITLE SVP ☐ Delete
NAME WILSON, JAMES D
STREET ADDRESS 100 LENOX DR.
CITY-ST-ZIP LAWRENCEVILLE NJ 08648-2394

TITLE P ☐ Delete
NAME SCALA, LOUIS C
STREET ADDRESS 100 LENOX DR
CITY-ST-ZIP LAWRENCEVILLE NJ 08648-2394

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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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

Robert O. Cohen

Asst. VP & Asst. Secretary 01/14/2000

Date

Daytime Phone #

609-844-1331

CR2E034 (9/99)