

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State
 04-10-2001 90028 044 ***150.00

DOCUMENT # P20418

Entity Name
LENOX OF NEW JERSEY, INCORPORATED

Principal Place of Business

**100 LENOX DRIVE
 LAWRENCEVILLE NJ 08648**

Mailing Address

**100 LENOX DRIVE
 LAWRENCEVILLE NJ 08648**

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 **21-0498476**

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	CD	<input type="checkbox"/> Delete
NAME	BROWN, OWSLEY II	
STREET ADDRESS	850 DIXIE HWY	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE	P	<input type="checkbox"/> Delete
NAME	KRANGEL, STANLEY E	
STREET ADDRESS	100 LENOX DRIVE	
CITY-ST-ZIP	LAWRENCEVILLE NJ	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	CISZEWSKI, JEROME J	
STREET ADDRESS	100 LENOX DR	
CITY-ST-ZIP	LAWRENCEVILLE NJ 08648-2394	
TITLE	SVPD	<input type="checkbox"/> Delete
NAME	FANTIN, LOUIS A.	
STREET ADDRESS	100 LENOX DR	
CITY-ST-ZIP	LAWRENCEVILLE NJ	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	WILSON, JAMES D	
STREET ADDRESS	100 LENOX DR.	
CITY-ST-ZIP	LAWRENCEVILLE NJ 08648-2394	
TITLE	P	<input type="checkbox"/> Delete
NAME	SCALA, LOUIS C	
STREET ADDRESS	100 LENOX DR	
CITY-ST-ZIP	LAWRENCEVILLE NJ 08648-2394	

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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert O. Cohen

03/21/01

609-844-1331

Asst. VP & Asst. Secretary

Daytime Phone #

CR2E034 (10/00)