

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P22638

1. Entity Name

BECK'S NORTH AMERICA, INC.

Principal Place of Business

ONE STATION PLACE
STAMFORD CT 06902
US

Mailing Address

PO BOX 7120 007
STAMFORD CT 06912
US

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 06-1245378

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 P
NAME YETMAN, WILLIAM J
STREET ADDRESS 443 SAWMILL RD
CITY-ST-ZIP STAMFORD CT 06903 ☒ Delete

TITLE P
NAME Lennon, John J.
STREET ADDRESS 6477 Enclave Way
CITY-ST-ZIP Boca Raton, FL 33496 ☐ Change ☒ Addition

TITLE VT
NAME ANGELO, THOMAS
STREET ADDRESS 141 BARLOW PLACE
CITY-ST-ZIP FAIRFIELD CT ☐ Delete

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

TITLE AS
NAME BARNARD, RONALD L
STREET ADDRESS 1500 ST MARKS COURT
CITY-ST-ZIP EVANSTON IL ☐ Delete

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

TITLE S
NAME CAPPA, TONY
STREET ADDRESS 139 HALE AVE
CITY-ST-ZIP WHITE PLAINS NY 10605 ☐ Delete

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

TITLE VP
NAME LAUGHLIN, LEO
STREET ADDRESS 268 CARRIAGE HILL DR
CITY-ST-ZIP AURORA IL 60506 ☐ Delete

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

TITLE V
NAME MEYER, RAINER
STREET ADDRESS 40 NORVEL LANE
CITY-ST-ZIP STAMFORD CT 06903 ☐ Delete

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

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

Tony Cappa, Corp Secretary

1/8/01 203-388-2325

Date

Daytime Phone #

000000007



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)