

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P22638

1. Entity Name
BECK'S NORTH AMERICA, INC.

FILED
Sep 02, 2002 8:00 am
Secretary of State

09-02-2002 90143 017 ***550.00

124334



DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 LENNON, JOHN J
STREET ADDRESS 6477 ENCLAVE WAY
CITY-ST-ZIP BOCA RATON FL 33496

☐ Delete

TITLE President & CEO
NAME Lennon, John J
STREET ADDRESS 36 CROSS HIGHWAY
CITY-ST-ZIP WESTPORT, CT 06880

☒ 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 CAPP, 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: *Thomas Angelo* Thomas Angelo, EVP and Corporate Treasurer 8/21/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)