

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P22713

1. Entity Name
JOSEPHTHAL & CO., INC.

Principal Place of Business

200 PARK AVE
25TH FLOOR
NEW YORK NY 10166
US

Mailing Address

%ROBERT E. SHEA ASST. CONTROLLER
45 BROADWAY
NEW YORK NY 10006
US

2. Principal Place of Business

3. Mailing Address

Controller

Suite, Apt. #, etc.
200 Park Ave. - 24th fl

City & State
New York, NY

Zip
10166

Country
US

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 25 PM 3:23



DO NOT WRITE IN THIS SPACE

4. FEI Number 13-1850914 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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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 \$550.00
After SEPTEMBER 13, 2000 Min. 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 CD
NAME PURJES, DAN D
STREET ADDRESS 200 PARK AVENUE 25TH FLOOR
CITY-ST-ZIP NEW YORK NY ☒ Delete

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

TITLE VD
NAME RICE, LAWRENCE R.
STREET ADDRESS 200 PARK AVENUE 25TH FLOOR
CITY-ST-ZIP NEW YORK NY ☒ Delete

TITLE CAO/D
NAME David Kronenberg
STREET ADDRESS 200 Park Avenue - 25th floor
CITY-ST-ZIP New York, NY 10166 ☐ Change ☒ Addition

TITLE PD
NAME FITZGERALD, PAUL
STREET ADDRESS 200 PARK AVE, 25TH FLOOR
CITY-ST-ZIP NEW YORK NY ☐ Delete

TITLE P/C/D
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
300003414373-2
-10/05/00-01020-021
***550.00 ***550.00

TITLE SD
NAME RODEN, CHARLES E.
STREET ADDRESS 200 PARK AVENUE 25TH FLOOR
CITY-ST-ZIP NEW YORK NY 10166 ☒ Delete

TITLE S/D
NAME Dennis McNamara
STREET ADDRESS 200 Park Avenue - 25th floor
CITY-ST-ZIP New York, NY 10166 ☐ Change ☒ Addition

TITLE CFO
NAME AGOSTA, SALVATORE
STREET ADDRESS 45 BROADWAY, 20TH FLOOR
CITY-ST-ZIP NEW YORK NY 10006 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

212-907-4522

CR2E034 (5/00)