

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91631 040 \*\*\*150.00

**DOCUMENT # P24669**

1. Entity Name

**THE ROBERT ALLEN GROUP, INC.**

Principal Place of Business

**55 CABOT BLVD  
 MANSFIELD MA 02048  
 US**

Mailing Address

**% TAX DEPARTMENT  
 4000 LIFESTYLE CT  
 HIGH POINT NC 27264  
 US**

*Same  
 Mansfield, MA  
 02048*

**436311**



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

**04-2928435**

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

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

*Ronald H. Cordover*

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, 2002 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          | VD                         | <input checked="" type="checkbox"/> Delete |
| NAME           | COLE, ALAN D               |  |
| STREET ADDRESS | 4000 LIFESTYLE CT          |  |
| CITY-ST-ZIP    | HIGH POINT NC 27265        |  |
| TITLE          | P                          | <input checked="" type="checkbox"/> Delete |
| NAME           | KASS, RONALD R             |  |
| STREET ADDRESS | 79 MADISON AVE. 11TH FLOOR |  |
| CITY-ST-ZIP    | NEW YORK NY 10016          |  |
| TITLE          | VDAS                       | <input checked="" type="checkbox"/> Delete |
| NAME           | HOFFMAN, RONALD            |  |
| STREET ADDRESS | 4000 LIFESTYLE CT          |  |
| CITY-ST-ZIP    | HIGH POINT NC 27265        |  |
| TITLE          | ST                         | <input checked="" type="checkbox"/> Delete |
| NAME           | MCGEE, CATHERINE T         |  |
| STREET ADDRESS | 4000 LIFESTYLE CT          |  |
| CITY-ST-ZIP    | HIGH POINT NC 27265        |  |
| TITLE          | AS                         | <input checked="" type="checkbox"/> Delete |
| NAME           | O'BRIEN, SHARON M          |  |
| STREET ADDRESS | 4000 LIFESTYLE CT          |  |
| CITY-ST-ZIP    | HIGH POINT NC 27265        |  |
| TITLE          | V                          | <input checked="" type="checkbox"/> Delete |
| NAME           | KAPLAN, DAVID SR.          |  |
| STREET ADDRESS | 4000 LIFESTYLE CT          |  |
| CITY-ST-ZIP    | HIGH POINT NC 27265        |  |

|                |                          |  |
|----------------|--------------------------|--|
| TITLE          | Chairman, CEO, Secretary | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | RONALD H. CORDOVER       |  |
| STREET ADDRESS | 55 CABOT BLVD            |  |
| CITY-ST-ZIP    | MANSFIELD, MA 02048      |  |
| TITLE          | Vice Chairman            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | JEFFREY A. CORDOVER      |  |
| STREET ADDRESS | 55 CABOT BLVD            |  |
| CITY-ST-ZIP    | MANSFIELD, MA 02048      |  |
| TITLE          | PAUL LUBA / CFO          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | 55 Cabot Blvd            |  |
| STREET ADDRESS | MANSFIELD, MA 02048      |  |
| 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            |
| 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:

*Ronald H. Cordover*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/15/02*

Date

Daytime Phone #

CR2E034 (9/01)