

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90064 048 ***150.00

DOCUMENT # P28159

1. Entity Name

CORRESPONDENT SERVICES CORPORATION

Principal Place of Business

Mailing Address

% TAX DEPT. 9TH FLOOR
 1000 HARBOR BLVD
 WEEHAWKEN NJ 07087

% TAX DEPT. 9TH FLOOR
 1000 HARBOR BLVD
 WEEHAWKEN NJ 07087-6727

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 **22-2999831**

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 32301-2525

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, 2000 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** ☐ Delete
 NAME **BASSO, ROBERT**
 STREET ADDRESS **1000 HARBOR BLVD**
 CITY-ST-ZIP **WEEHAWKEN NJ**

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

TITLE **S** ☒ Delete
 NAME **HAUGHEY, DOROTHY F.**
 STREET ADDRESS **1000 HARBOR BLVD**
 CITY-ST-ZIP **WEEHAWKEN NJ**

TITLE ☐ Change ☒ Addition
 NAME **Geraldine L. Banyai**
 STREET ADDRESS **1000 Harbor Blvd.**
 CITY-ST-ZIP **Weehawken, NJ 07087**

TITLE **T** ☐ Delete
 NAME **NOLAN, WILLIAM J.**
 STREET ADDRESS **1000 HARBOR BLVD**
 CITY-ST-ZIP **WEEHAWKEN NJ 07087**

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

TITLE **SVP** ☒ Delete
 NAME **JACKSON, TED B**
 STREET ADDRESS **1000 HARBOR BLVD.**
 CITY-ST-ZIP **WEEHAWKEN NJ 07087**

TITLE ☐ Change ☒ Addition
 NAME **Kevin Finn**
 STREET ADDRESS **1000 Harbor Blvd.**
 CITY-ST-ZIP **Weehawken, NJ 07087**

TITLE **VP** ☐ Delete
 NAME **FONTANA, DONNA M**
 STREET ADDRESS **1000 HARBOR BLVD**
 CITY-ST-ZIP **WEEHAWKEN NJ 07087**

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

TITLE **AT** ☐ Delete
 NAME **LEVINE, KEN**
 STREET ADDRESS **1000 HARBOR BLVD**
 CITY-ST-ZIP **WEEHAWKEN NJ**

TITLE ☐ Change ☐ 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 REQUIRED

Ken Levine 4-26-00 (201) 352-4323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05/26/2000