

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P36648

1. Entity Name

CNI, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90097 001 ***300.00

Principal Place of Business

Mailing Address

530 5TH AVENUE
6TH FLOOR
NEW YORK NY 10036
US

C/O PARALEGAL
1111 STEWART AVE
BETHPAGE NY 11714-3533
US

9425



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

14-1138304

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES 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, 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 **KLINE, DAVID**
STREET ADDRESS **1111 STEWART AVE**
CITY-ST-ZIP **BETHPAGE NY 11714**

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

TITLE **COOS** ☐ Delete
NAME **RATNER, HANK J.**
STREET ADDRESS **1111 STEWART AVE**
CITY-ST-ZIP **BETHPAGE NY 11714**

TITLE **COO** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CEO** ☐ Delete
NAME **SAPAN, JOSHUA**
STREET ADDRESS **1111 STEWART AVE**
CITY-ST-ZIP **BETHPAGE NY 11714**

TITLE **CEO & President** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BELL, WILLIAM**
STREET ADDRESS **1111 STEWART AVE**
CITY-ST-ZIP **BETHPAGE NY 11714**

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

TITLE **SVPC** ☒ Delete
NAME **DOLAN, THOMAS**
STREET ADDRESS **1111 STEWART AVE**
CITY-ST-ZIP **BETHPAGE NY 11714**

TITLE **SVP Legal & Business Affairs** ☒ Change ☐ Addition
NAME **General Counsel & Secretary**
STREET ADDRESS **David Deitch**
CITY-ST-ZIP **1111 Stewart Ave**
Bethpage, NY 11714

TITLE **V** ☐ Delete
NAME **RENZO, MORI**
STREET ADDRESS **420 CROSSWAYS PARK DRIVE**
CITY-ST-ZIP **WOODBURY NY**

TITLE **VP, Tax** ☒ Change ☐ Addition
NAME **Renzo Mori**
STREET ADDRESS **1111 Stewart Avenue**
CITY-ST-ZIP **Bethpage, NY 11714**

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
contained 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
I am, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)