

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P36854

1. Entity Name

ORIGINS SERVICES INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90225 004 ***150.00

Principal Place of Business

Mailing Address

CORPORATE CENER DR
NY 11747

7 CORPORATE CENTER DR
MELVILLE NY 11747-3115
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

11-3040936

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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. A OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME LAUDER, WILLIAM P.
STREET ADDRESS 7 CORPAORATE CENTER DR
CITY-ST-ZIP MELVILLE NY 11747

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

TITLE VSD ☐ Delete
NAME MAGRAM, SAUL H.
STREET ADDRESS 7 CORPORATE CENTER DR
CITY-ST-ZIP MELVILLE NY 11747

TITLE Secretary ☒ Change ☐ Addition
NAME Paul E. Ronney
STREET ADDRESS 7 Corporate Center Drive
CITY-ST-ZIP Melville, NY 11747

TITLE VPCE ☐ Delete
NAME BIGLER, ROBERT J
STREET ADDRESS 7 CORPORATE CENTER DR
CITY-ST-ZIP MELVILLE NY 11747

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

TITLE P ☐ Delete
NAME GREEN, LYNNE
STREET ADDRESS 7 CORPORATE CENTER DR
CITY-ST-ZIP MELVILLE NY 11747

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

TITLE VPT ☐ Delete
NAME ANUZIS, ANDRIS
STREET ADDRESS 7 CORPORATE CENTER DR
CITY-ST-ZIP MELVILLE NY 11747

TITLE None Appointed ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☐ Delete
NAME PORRETTO, JAMES
STREET ADDRESS 7 CORPORATE CENTER DR
CITY-ST-ZIP MELVILLE NY 11747

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.

JAMES PORRETTO
ASSISTANT SECRETARY

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-00 631-847-6347

CR2E034 (9/99)