

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90120 002 ***150.00

0617171 AT

DOCUMENT # P37937

1. Entity Name
HALSEY, MCCORMACK & HELMER, INC.



Principal Place of Business
MANCINI-DUFFY
39 WEST 13TH STREET
NEW YORK NY 10011

Mailing Address
MANCINI-DUFFY
39 WEST 13TH STREET
NEW YORK NY 10011

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 **13-2612739**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	D'ELIA, ALFONZO	
STREET ADDRESS	39 WEST 13TH STREET	
CITY-ST-ZIP	NEW YORK NY 10011	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	HANNAFORD, DAVID	
STREET ADDRESS	39 WEST 13TH STREET	
CITY-ST-ZIP	NEW YORK NY 10011	
TITLE	S	<input type="checkbox"/> Delete
NAME	KAWER, MAX	
STREET ADDRESS	39 WEST 13TH STREET	
CITY-ST-ZIP	NEW YORK NY 10011	
TITLE	C	<input type="checkbox"/> Delete
NAME	MANCINI, RALPH	
STREET ADDRESS	39 WEST 13TH STREET	
CITY-ST-ZIP	NEW YORK NY 10011	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	SCHIRRIPIA, ANTHONY	
STREET ADDRESS	39 WEST 13TH STREET	
CITY-ST-ZIP	NEW YORK NY 10011	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dina Frank	
STREET ADDRESS	39 West 13th Street	
CITY-ST-ZIP	New York, N.Y. 10011	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 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 #

CR2E034 (10/02)