

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P38466

1. Entity Name

BATES ADVERTISING USA, INC.

**FILED**  
**Mar 20, 2001 8:00 am**  
**Secretary of State**

03-20-2001 90002 034 \*\*\*150.00

Principal Place of Business

498 SEVENTH AVE  
NEW YORK NY 10018

Mailing Address

C/O GOULD & WILKIE  
1 CHASE MANHATTAN PLAZA  
NEW YORK NY 10005  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 13-2993871

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

C T CORPORATION SYSTEM  
1200 SOUTH 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

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, 2001 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 C/D ☐ Delete  
NAME BUNGEY, MICHAEL  
STREET ADDRESS 405 LEXINGTON AVE.  
CITY-ST-ZIP NEW YORK NY 10174

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 498 Seventh Avenue  
CITY-ST-ZIP New York, NY 10018

TITLE VASD ☐ Delete  
NAME D'ANGELO, ARTHUR E  
STREET ADDRESS 405 LEXINGTON AVE.  
CITY-ST-ZIP NEW YORK NY 10174

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 498 Seventh Avenue  
CITY-ST-ZIP New York, NY 10018

TITLE CEO ☐ Delete  
NAME DOLAN, BERNARD  
STREET ADDRESS 405 LEXINGTON AVE.  
CITY-ST-ZIP NEW YORK NY 10174

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 498 Seventh Avenue  
CITY-ST-ZIP New York, NY 10018

TITLE CEO ☐ Delete  
NAME WHITEHEAD, WILLIAM  
STREET ADDRESS 405 LEXINGTON AVE.  
CITY-ST-ZIP NEW YORK NY 10174

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 498 Seventh Avenue  
CITY-ST-ZIP New York, NY 10018

TITLE VPSD ☐ Delete  
NAME KOPCSAK, MICHAEL J  
STREET ADDRESS C/O GOULD & WILKIE, 1 CHASE MANHATTAN PLAZ  
CITY-ST-ZIP NEW YORK NY 10005

TITLE ☐ Change ☒ Addition  
NAME T  
STREET ADDRESS JAYES, PETER W.  
CITY-ST-ZIP 498 Seventh Avenue  
New York, NY 10018

TITLE A/T ☒ Delete  
NAME WESTPHAL, ROBERT S.  
STREET ADDRESS 375 HUDSON ST.  
CITY-ST-ZIP NEW YORK NY 10014

TITLE ☐ Change ☒ Addition  
NAME A/T  
STREET ADDRESS SADOWSKI, MARK K.  
CITY-ST-ZIP 498 Seventh Avenue  
New York, NY 10018

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:

*Michael J. Kopcsak*

Michael J. Kopcsak

3/12/01

(212) 297-7439

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

041427