

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90186 012 ***158.75

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DOCUMENT # P92000005840

1. Entity Name

RESEAL INTERNATIONAL CORPORATION



Principal Place of Business

**919 THIRD AVENUE
27TH FLOOR
NEW YORK NY 10022
US**

Mailing Address

**919 THIRD AVENUE
27TH FLOOR
NEW YORK NY 10022
US**

11014287



2. Principal Place of Business

**445 Park Avenue
Suite, Apt. #, etc.
9th Floor**

3. Mailing Address

**445 Park Avenue
Suite, Apt. #, etc.
9th Floor**

CHECK HERE IF MAKING CHANGES

City & State

New York, New York

City & State

New York, New York

4. FEI Number

65-0389940

Applied For

Not Applicable

Zip

10022

Country

US

Zip

10022

Country

US

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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 Delete
NAME **D PARDES, GREG**
STREET ADDRESS **919 THIRD AVENUE, 27TH FLOOR**
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE Change Addition
NAME
STREET ADDRESS **445 PARK AVE., 9th FLOOR**
CITY-ST-ZIP **NEW YORK, NY 10022**

TITLE Delete
NAME **SVD POIT, LINDA**
STREET ADDRESS **919 THIRD AVENUE, 27TH FLOOR**
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE Change Addition
NAME
STREET ADDRESS **445 PARK AVE., 9th FLOOR**
CITY-ST-ZIP **NEW YORK, NY 10022**

TITLE Delete
NAME **PD RICHARDSON, OLIVER**
STREET ADDRESS **919 THIRD AVENUE, 27TH FLOOR**
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE Change Addition
NAME
STREET ADDRESS **445 PARK AVE., 9th FLOOR**
CITY-ST-ZIP **NEW YORK, NY 10022**

TITLE Delete
NAME **D FALBERG, ARNOLD**
STREET ADDRESS **919 THIRD AVENUE, 27TH FLOOR**
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE Change Addition
NAME
STREET ADDRESS **445 PARK AVE., 9th FLOOR**
CITY-ST-ZIP **NEW YORK, NY 10022**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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

GREG PARDES

4/21/03

3123084960

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)