

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000012949

1. Entity Name

5600 COLLINS CORP.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90122 029 ***150.00

Principal Place of Business

Mailing Address

206 DANBURY ROAD
WILTON CT 06897

206 DANBURY ROAD
WILTON CT 06897-4004

2. Principal Place of Business

3. Mailing Address

50 WASHINGTON STREET

50 WASHINGTON STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1211

1211

City & State

City & State

SOUTH NORWALK, CT

SOUTH NORWALK, CT

Zip

Country

Zip

Country

06854

USA

06854

USA

4. FEI Number 65-0418461

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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, 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 DP
NAME GREENBERG, KENNETH S
STREET ADDRESS 1266 E. MAIN STREET
CITY-ST-ZIP STAMFORD CT 06902 ☐ Delete

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

TITLE DVP
NAME MALLIN, NOAH
STREET ADDRESS 110 EAST 59TH STREET
CITY-ST-ZIP NEW YORK NY 10022 ☐ Delete

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

TITLE DT
NAME DUNN, SCOTT C
STREET ADDRESS 206 DANBURY ROAD
CITY-ST-ZIP WILTON CT 06897 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 50 WASHINGTON STREET
CITY-ST-ZIP SOUTH NORWALK, CT. 06854

TITLE S
NAME MASUD, DALI
STREET ADDRESS 110 EAST 59TH STREET
CITY-ST-ZIP NEW YORK NY 10022 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AT
NAME WILLIAM J POSTIGLIONE
STREET ADDRESS 1266 E. MAIN STREET
CITY-ST-ZIP STAMFORD, CT. 06902 ☒ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Assistant Treasurer

Date

Daytime Phone #

CR2E034 (9/99)