

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000012949

1. Entity Name  
5600 COLLINS CORP.

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91241 003 \*\*\*150.00

551548



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
50 WASHINGTON ST.  
#1211  
S. NORWALK CT 06854

Mailing Address  
50 WASHINGTON ST.  
#1211  
S. NORWALK CT 06854

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0418461

Applied For  
Not Applicable

Zip Country

Zip Country

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, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
GREENBERG, KENNETH S  
1266 E. MAIN STREET  
STAMFORD CT 06902 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
50 Washington St., Suite 1211  
South Norwalk, Ct 06854 ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
50 Washington St., Suite 1211  
South Norwalk, Ct 06854 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
DUNN, SCOTT C  
50 WASHINGTON ST  
NORWALK CT 06854 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
50 Washington St., Suite 1211  
South Norwalk, Ct 06854 ☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
50 Washington St., Suite 1211  
South Norwalk, Ct 06854 ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
50 Washington St., Suite 1211  
South Norwalk, Ct 06854 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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: William J. Postiglione

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-2-01

Date

203-359-0722

Daytime Phone #

CR2E034 (10/00)