

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90124 043 ***150.00

DOCUMENT # P93000047220

1. Entity Name
CRITERION N.Y., INC.



Principal Place of Business
**1950 STEMMONS FRWY
STE 6001
DALLAS TX 75207**

Mailing Address
**1950 STEMMONS FRWY
STE 6001
DALLAS TX 75207**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0433113**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**PELTZ, ARVIN
3250 MARY ST
STE 500
MIAMI FL 33133**

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 _____ (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	COVP	<input type="checkbox"/> Delete
NAME	TENG, TED	
STREET ADDRESS	1950 STEMMONS FRWY #6001	
CITY-ST-ZIP	DALLAS TX 75207	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GROSSMAN, MICHAEL A	
STREET ADDRESS	1950 STEMMONS FRWY #6001	
CITY-ST-ZIP	DALLAS TX 75207	
TITLE	CFOV	<input type="checkbox"/> Delete
NAME	SMITH, RICK	
STREET ADDRESS	1950 STEMMONS FRWY #6001	
CITY-ST-ZIP	DALLAS TX 75207	
TITLE	SVPT	<input type="checkbox"/> Delete
NAME	HENDRICK, JUDY	
STREET ADDRESS	1950 STEMMONS FRWY #6001	
CITY-ST-ZIP	DALLAS TX 75207	
TITLE	VPAS	<input checked="" type="checkbox"/> Delete
NAME	BOHLMANN, JOHN	
STREET ADDRESS	1950 STEMMONS FREEWAY STE 6001	
CITY-ST-ZIP	DALLAS TX 75207	
TITLE	VPAS	<input checked="" type="checkbox"/> Delete
NAME	MORSE, JOHN	
STREET ADDRESS	1950 STEMMONS FRWY, STE 6001	
CITY-ST-ZIP	DALLAS TX 75207	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fred Kleisner	
STREET ADDRESS	1950 Stemmons Frwy #6001	
CITY-ST-ZIP	Dallas, Tx 75207	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP/Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark Chloupek	
STREET ADDRESS	1950 Stemmons Frwy #6001	
CITY-ST-ZIP	Dallas, Tx 75207	
TITLE	VP/Asst Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Philip Gosch	
STREET ADDRESS	1950 Stemmons Frwy #6001	
CITY-ST-ZIP	Dallas, Tx 75207	

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 VP/Treasurer 1-24-03 2148637900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (10/02)