

2000 UNIFORM BUSINESS REPORT (UBR)

4/26/00-90061-040-\$150.00-\$150.00

DOCUMENT # P94000015193

1. Entity Name

TRIAD INTERNATIONAL, INC.

FILED

00 MAY 24 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1906 HOLLYWOOD BLVD
HOLLYWOOD FL 33020
US

C/O THE METZLER GROUP INC
615 N WABASH AVE
CHICAGO IL 60611-2713
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0470715

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

BUBRICK, GEORGE

1906 HOLLYWOOD BLVD
HOLLYWOOD FL 33020

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City

Tallahassee

FL

Zip Code
32301

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 P
NAME GEORGE, BUBRICK
STREET ADDRESS 1906 HOLLYWOOD BLVD
CITY-ST-ZIP HOLLYWOOD FL 33020
☒ Delete

TITLE P/D
NAME Carl Spetzler
STREET ADDRESS 2440 Sand Hill Rd
CITY-ST-ZIP Menlo Park, CA 94025
☐ Change ☒ Addition

TITLE DC
NAME MAHER, ROBERT P
STREET ADDRESS 615 N WABASH AVE
CITY-ST-ZIP CHICAGO IL 60611
☒ Delete

TITLE S
NAME Philip Steptoe
STREET ADDRESS 615 N. Wabash
CITY-ST-ZIP Chicago, IL 60611
☐ Change ☒ Addition

TITLE VT
NAME HILLMAN, JAMES
STREET ADDRESS 615 N WABASH AVE
CITY-ST-ZIP CHICAGO IL 60611
☐ Delete

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

TITLE VS
NAME DEMIRJIAN, CHARLES
STREET ADDRESS 615 N WABASH AVE
CITY-ST-ZIP CHICAGO IL 60611
☒ Delete

TITLE C/D
NAME Mitchell Saranow
STREET ADDRESS 615 N. Wabash
CITY-ST-ZIP Chicago, IL 60611
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE D
NAME John Reed
STREET ADDRESS 200 Wheeler Road
CITY-ST-ZIP Burlington, MA 01803
☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

312 573-5600

Daytime Phone #

CR2E034 (9/99)