

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90104 008 ***150.00

DOCUMENT # P95000017660

1. Entity Name

MARCO MGP CORP.

Principal Place of Business

Mailing Address

ROBERT MICHAELSON (WEISSBARTH ALTMAN ET AL
156 W. 56TH ST., 12TH FLOOR
NEW YORK NY 10019

ROBERT MICHAELSON (WEISSBARTH ALTMAN ET AL
156 W. 56TH ST., 12TH FLOOR
NEW YORK NY 10019-3800

629493



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

c/o Norman G. Orodener
Tillinghast Licht Perkins

3. Mailing Address

c/o Norman G. Orodener
Tillinghast Licht Perkins

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10 Weybosset Street

10 Weybosset Street

City & State

Providence, RI

City & State

Providence, RI

4. FEI Number

13-3840201

Applied For

Not Applicable

Zip

02903-2818

Country

USA

Zip

02903-2818

Country

USA

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

Name

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

City

FL

Zip Code

AXELROD, ALAN D
2500 FIRST UNION FINANCIAL CENTER
MIAMI FL 33131

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 ☒ Delete
NAME **D**
STREET ADDRESS **ALTMAN, RONALD**
CITY-ST-ZIP **C/O WAM, 156 W 56 ST., 12 FL**
NEW YORK NY

TITLE ☒ Change ☐ Addition
NAME **Director**
STREET ADDRESS **Daniel Cohen**
CITY-ST-ZIP **One Kenney Drive**
Cranston, RI 02920

TITLE ☒ Delete
NAME **DPT**
STREET ADDRESS **MICHAELSON, ROBERT T**
CITY-ST-ZIP **C/O WAM, 156 W 56 ST., 12 FL**
NEW YORK NY

TITLE ☒ Change ☐ Addition
NAME **President**
STREET ADDRESS **Daniel Cohen**
CITY-ST-ZIP **One Kenney Drive**
Cranston, RI 02920

TITLE ☒ Delete
NAME **VS**
STREET ADDRESS **GANG, MARTIN**
CITY-ST-ZIP **C/O WAM, 156 W 56 ST., 12 FL**
NEW YORK NY

TITLE ☐ Change ☒ Addition
NAME **Treasurer**
STREET ADDRESS **Douglas Brown**
CITY-ST-ZIP **One Kenney Drive**
Cranston, RI 02920

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Secretary**
STREET ADDRESS **Norman G. Orodener**
CITY-ST-ZIP **10 Weybosset Street**
Providence, RI 02903

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Director**
STREET ADDRESS **Bernard Schretter**
CITY-ST-ZIP **115 Constitution Boulevard**
Franklin, MA 02038

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Director**
STREET ADDRESS **Joel Poretsky**
CITY-ST-ZIP **405 Lexington Avenue**
New York, NY 10174

3. 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:

Norman G. Orodener
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/00
Date

401-456-1200, ext. 333
Daytime Phone #

CR2E034 (9/99)