2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State
02-15-2001 90216 001 *1,350.00

DOCUMENT # P95000017660

1. Entity Name
MARCO MGP CORP.

61639

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% NORMAN G ORODENKER 10 WEYBOSSET ST PROVIDENCE RI 02903-2818	% NORMAN G ORODENKER 10 WEYBOSSET ST PROVIDENCE RI 02903-2818

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 10 Weybosset Street, 10th FL	Suite, Apt. #, etc. 10 Weybosset St., 10th Fl.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 13-3840201 ☐ 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
AXELROD, ALAN D 2500 FIRST UNION FINANCIAL CENTER MIAMI FL 33131	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	D COHEN, DANIEL ONE KENNEY DRIVE CRANSTON RI 02920	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COHEN, DANIEL ONE KENNEY DRIVE CRANSTON RI 02920	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BROWN, DOUGLAS ONE KENNEY DRIVE CRANSTON RI 02920	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ORODENKER, NORMAN G 10 WEYBOSSET ST PROVIDENCE RI 02903	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	10 Weybosset St., 10th Floor	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHRETTER, BERNARD 115 CONSTITUTION BLVD FRANKLIN MA 02038	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PORETSKY, JOEL 405 LEXINGTON AVE NEW YORK NY 10174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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: _____ Norman G. Orodenker, Sec. 2/6/01 401-456-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #