

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000017665

1. Entity Name

WOODS MGP CORP.

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

03-24-2000 90104 006 ***150.00

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

2. Principal Place of Business

c/o Norman G. Orodener
Tillinghast Licht Perkins
Suite, Apt. #, etc.

10 Weybosset St., 10th Floor

City & State
Providence, RI

Zip
02903-2818

Country
USA

3. Mailing Address

c/o Norman G. Orodener
Tillinghast Licht Perkins
Suite, Apt. #, etc.

10 Weybosset St., 10th Floor

City & State
Providence, RI

Zip
02903-2818

Country
USA

4. FEI Number

13-3840199

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AXELROD, ALAN
2500 FIRST UNION FINANCIAL CENTER
MIAMI FL 33131

7. Name and Address of New Registered Agent

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, 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

TITLE D ☒ Delete
NAME ALTMAN, R
STREET ADDRESS C/O WAM 156 W 56 ST 12 FLOOR
CITY-ST-ZIP NEW YORK NY

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE Director ☐ Change ☒ Addition
NAME Joel Poretsky
STREET ADDRESS 405 Lexington Avenue
CITY-ST-ZIP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

3/16/00

401-456-1200, ext. 333

Date

Daytime Phone #

CR2E034 (9/99)