

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

03-24-2000 90104 005 \*\*\*150.00

**DOCUMENT # P95000017670**

1. Entity Name

**WELLINGTON 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

**629496**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**10 Norman G. Orodanker**  
**Tillinghast Licht Perkins**

3. Mailing Address

**10 Norman G. Orodanker**  
**Tillinghast Licht Perkins**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**10 Weybosset Street**

**10 Weybosset Street**

City & State

City & State

**Providence, RI**

**Providence, RI**

4. FEI Number

**13-3840196**

Applied For

Not Applicable

Zip

Country

Zip

Country

**02903-2818**

**USA**

**02903-2818**

**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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ALTMAN, RONALD</b>	
STREET ADDRESS	<b>C/O WAM, 156 W 56 ST., 12 FL</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	<b>DPT</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MICHAELSON, ROBERT T</b>	
STREET ADDRESS	<b>C/O WAM, 156 W 56 ST., 12 FL</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	<b>VS</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GANG, MARTIN</b>	
STREET ADDRESS	<b>C/O WAM, 156 W 56 ST., 12 FL</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Daniel Cohen</b>	
STREET ADDRESS	<b>One Kenney Drive</b>	
CITY-ST-ZIP	<b>Cranston, RI 02920</b>	
TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Daniel Cohen</b>	
STREET ADDRESS	<b>One Kenney Drive</b>	
CITY-ST-ZIP	<b>Cranston, RI 02920</b>	
TITLE	<b>Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Douglas Brown</b>	
STREET ADDRESS	<b>One Kenney Drive</b>	
CITY-ST-ZIP	<b>Cranston, RI 02920</b>	
TITLE	<b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Norman G. Orodanker</b>	
STREET ADDRESS	<b>10 Weybosset Street</b>	
CITY-ST-ZIP	<b>Providence, RI 02903</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Bernard Schretter</b>	
STREET ADDRESS	<b>115 Constitution Boulevard</b>	
CITY-ST-ZIP	<b>Franklin, MA 02038</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Joel Poretsky</b>	
STREET ADDRESS	<b>405 Lexington Avenue</b>	
CITY-ST-ZIP	<b>New York, NY 10174</b>	

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. Orodanker**  
 SECRETARY  
 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)