

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000017670**

1. Entity Name

WELLINGTON MGP CORP.**FILED****Feb 15, 2001 8:00 am
Secretary of State**

02-15-2001 90216 001 *1,350.00

Principal Place of Business

**%NORMAN G. ORDENKER
10 WEYBOSSET ST
PROVIDENCE RI 02903-2818**

Mailing Address

**%NORMAN G. ORDENKER
10 WEYBOSSET ST
PROVIDENCE RI 02903-2818****U I U T U**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

c/o Norman G. Orodener

3. Mailing Address

c/o Norman G. Orodener

Suite, Apt. #, etc.

10 Weybosset St., 10th Floor

Suite, Apt. #, etc.

10 Weybosset St., 10th Floor

City & State

City & State

4. FEI Number

13-3840196

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

**AXELROD, ALAN D
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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	COHEN, DANIEL	
STREET ADDRESS	ONE KENNEY DR	
CITY-ST-ZIP	CRANSTON RI 02920	
TITLE	PP	<input type="checkbox"/> Delete
NAME	COHEN, DANIEL	
STREET ADDRESS	ONE KENNEY DR	
CITY-ST-ZIP	CRANSTON RI 02920	
TITLE	T	<input type="checkbox"/> Delete
NAME	BROWN, DOUGLAS	
STREET ADDRESS	ONE KENNEY DR	
CITY-ST-ZIP	CRANSTON RI 02920	
TITLE	S	<input type="checkbox"/> Delete
NAME	ORDENKER, NORMAN G	
STREET ADDRESS	10 WEYBOSSET ST	
CITY-ST-ZIP	PROVIDENCE RI 02903	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHRETTER, BERNARD	
STREET ADDRESS	115 CONSTITUTION BLVD	
CITY-ST-ZIP	FRANKLIN MA 02038	
TITLE	D	<input type="checkbox"/> Delete
NAME	PORETSKY, JOEL	
STREET ADDRESS	405 LEXINGTON AVE	
CITY-ST-ZIP	NEW YORK NY 10174	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	10 Weybosset Street, 10th Floor
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schretter, Bernhard
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

Norman G. Orodener, Sec. 2/6/01

Date

401-456-1200

Daytime Phone #

CR2E034 (10/00)