

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

0672554 AT

**DOCUMENT # P95000017670**

1. Entity Name

**WELLINGTON MGP CORP.**

01-31-2002 90084 027 \*\*\*150.00

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**13-3840196**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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, 2002 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 **COHEN, DANIEL**  
STREET ADDRESS **ONE KENNEY DR**  
CITY-ST-ZIP **CRANSTON RI 02920**

TITLE **PP** ☐ Delete  
NAME **COHEN, DANIEL**  
STREET ADDRESS **ONE KENNEY DR**  
CITY-ST-ZIP **CRANSTON RI 02920**

TITLE **T** ☐ Delete  
NAME **BROWN, DOUGLAS**  
STREET ADDRESS **ONE KENNEY DR**  
CITY-ST-ZIP **CRANSTON RI 02920**

TITLE **S** ☐ Delete  
NAME **ORDENKER, NORMAN G**  
STREET ADDRESS **10 WEYBOSSET STREET, 10TH FLOOR**  
CITY-ST-ZIP **PROVIDENCE RI 02903**

TITLE **D** ☐ Delete  
NAME **SCHRETTER, BERNHARD**  
STREET ADDRESS **115 CONSTITUTION BLVD**  
CITY-ST-ZIP **FRANKLIN MA 02038**

TITLE **D** ☐ 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 ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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. ORDENKER**

Date

Daytime Phone #

**1/8/02 401-456-1200**

CR2E034 (9/01)