

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

03-24-2000 90104 012 \*\*\*150.00

020489



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P95000017672**

1. Entity Name

**SHENANDOAH 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**

2. Principal Place of Business

**c/o Norman G. Orodener**

**Tillinghast Licht Perkins**  
**10 Weybosset St., 10th Floor**

3. Mailing Address

**c/o Norman G. Orodener**

**Tillinghast Licht Perkins**  
**10 Weybosset St., 10th Floor**

City & State

**Providence, RI**

City & State

**Providence, RI**

4. FEI Number

**13-3840326**

Applied For

Not Applicable

Zip

**02903-2818**

Country

**USA**

Zip

**02903-2818**

Country

**USA**

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, 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

**D** ☒ Delete  
**RONALD ALTMAN**  
**C/O WAM 156 W 56 ST 12 FLOOR**  
**NEW YORK NY**

**DPT** ☒ Delete  
**ROBERT T. MICHAELSON**  
**C/O WAM 156 W 56 ST 12 FLOOR**  
**NEW YORK NY**

**VS** ☒ Delete  
**MARTIN GANG**  
**C/O WAM 156 W 56 ST 12 FLOOR**  
**NEW YORK NY**

☐ Delete  
**NORMAN G. ORODENER**  
**10 WEYBOSSET ST., 10TH FLOOR**  
**PROVIDENCE, RI 02903**

☐ Delete  
**BERNARD SCHRETTER**  
**115 CONSTITUTION BOULEVARD**  
**FRANKLIN, MA 02038**

☐ Delete  
**JOEL PORETSKY**  
**405 LEXINGTON AVENUE**  
**NEW YORK, NY 10174**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**Director** ☒ Change ☐ Addition  
**Daniel Cohen**  
**One Kenney Drive**  
**Cranston, RI 02920**

**President** ☒ Change ☐ Addition  
**Daniel Cohen**  
**One Kenney Drive**  
**Cranston, RI 02920**

**Treasurer** ☐ Change ☒ Addition  
**Douglas Brown**  
**One Kenney Drive**  
**Cranston, RI 02920**

**Secretary** ☐ Change ☒ Addition  
**Norman G. Orodener**  
**10 Weybosset St., 10th Floor**  
**Providence, RI 02903**

**Director** ☐ Change ☒ Addition  
**Bernard Schretter**  
**115 Constitution Boulevard**  
**Franklin, MA 02038**

**Director** ☐ Change ☒ Addition  
**Joel Poretsky**  
**405 Lexington Avenue**  
**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

**Norman G. Orodener**

**Secretary**

**3/16/00**

Date

**401-456-1200, ext. 333**

Daytime Phone #

CR2E034 (9/99)