

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90114 031 \*\*\*150.00

**DOCUMENT # P95000017674**

**1. Entity Name**  
**ROYAL MGP CORP.**



**Principal Place of Business**  
**C/O NORMAN G. ORODENKER**  
**10 WEYBOSSET ST 10TH FLOOR**  
**PROVIDENCE RI 02903-2818**

**Mailing Address**  
**C/O NORMAN G. ORODENKER**  
**10 WEYBOSSET ST 10TH FLOOR**  
**PROVIDENCE RI 02903-2818**

**90003170**



☐ CHECK HERE IF MAKING CHANGES

**2. Principal Place of Business**

**3. Mailing Address**

City, State, Zip

City, State, Zip

City & State

City & State

**4. FEI Number** **13-3840325**

Applied For  
Not Applicable

**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**

**AXELROD, ALAN D**  
**2500 FIRST UNION FINANCIAL CENTER**  
**MIAMI FL 33131**

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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **D** ☐ Delete  
**NAME** **PORETZKY, JOEL**  
**STREET ADDRESS** **405 LEXINGTON AVENUE**  
**CITY-ST-ZIP** **NEW YORK NY 10174**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**NORMAN G. ORODENKER, Secretary**

**1/13/03 401-456-1200, x 333**

Date Daytime Phone #

CR2E034 (10/02)