

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90022 008 ***150.00

09026833 AT

DOCUMENT # P95000057949

1. Entity Name
YORK SCI, INC.

| | |
|--|--|
| Principal Place of Business PO BOX 880608 ST. LUCIE WEST FL 34986 US | Mailing Address PO BOX 880608 ST. LUCIE WEST FL 34986 US |
|--|--|

509743



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|--|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 65-0600827 | | Applied For <input type="checkbox"/> Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | | | |

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

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) <input type="checkbox"/> | 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. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|---|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/P DOUGLAS, HUGH E PO BOX 880608 ST. LUCIE WEST FL 34986 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | CO-PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVP BARRY, ARTHUR S 111 JOHN ST. NEW YORK NY 10038 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | CO-PRESIDENT THOMAS C. MACARTHUR 99 Cherry Hill Rd. Parsippany, NJ 07054 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVST MOORE, KELLI J PO BOX 880608 ST. LUCIE WEST FL 34986 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice President, Co-Secretary and Co-Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/C PANICO, DAVID E 111 JOHN STREET NEW YORK NY 10038 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice-President and Co-Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/GC LIND, PETER E 111 JOHN STREET NEW YORK NY 10038 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice-President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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 another like empowered.

SIGNATURE: *[Signature]* **SEE ATTACHED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20E034 (9/01)

Attachment
#795000057949 / 509743

February 27, 2002

YORK SCI, INC.

DIRECTORS:

| | | |
|---------------------|---------------|---|
| Thomas C. MacArthur | Chairman | York SCI, Inc. 99 Cherry Hill Rd. #102 Parsippany, NJ 07054 |
| Thomas B. Winmill | Vice-Chairman | c/o Bexil Corporation 11 Hanover Square, 12th Flr. New York, New York 10005 |

OFFICERS:

| | | |
|---------------------|---|--|
| Thomas C. MacArthur | Co-President and Chief - Executive Officer | York SCI, Inc. 99 Cherry Hill Rd. #102 Parsippany, NJ 07054 |
| Hugh Edward Douglas | Co-President | York SCI, Inc. P.O. Box 880608 St. Lucie West, FL 34986 |
| Kelli J. Moore | Vice-President, Co-Secretary and Co-Treasurer | York SCI, Inc. P.O. Box 880608 St. Lucie West, FL 34986 |
| David Panico | Vice-President and Co-Treasurer | York SCI, Inc. 111 John Street, 10 th Flr. New York, New York 10038 |
| Peter E. Lind | Vice-President and Co-Secretary | York SCI, Inc. 111 John Street, 10 th Flr. New York, New York 10038 |
| Mark Aussicker | Vice-President - Marketing and Client Services | York SCI, Inc. 99 Cherry Hill Rd. #102 Parsippany, NJ 07054 |
| Terry D. Camp | Vice-President | York SCI, Inc. 2277 Lee Road, Suite 1 East inter Park, FL 32789 |