

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90242 030 \*\*\*150.00

**DOCUMENT # P96000058740**

1. Entity Name

**COLE DADELAND, INC.**

Principal Place of Business

**152 W. 57TH STREET  
 NEW YORK NY 10019**

Mailing Address

**2 EMERSON LANE  
 C/O GENERAL COUNSEL  
 SECAUCUS NJ 07094  
 US**

2. Principal Place of Business

**603 W. 50th Street**

3. Mailing Address

**603 W. 50th Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**C/O General Counsel**

City & State

**New York, NY**

City & State

**New York, NY**

Zip

**10019**

Country

**US**

Zip

**10019**

Country

**US**

4. FEI Number

**65-0680773**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**NATIONSCORP REGISTERED AGENTS, INC.  
 526 E. PARK AVE  
 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) ☐

**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 NAME STREET ADDRESS CITY-ST-ZIP	DP COLE, KENNETH D 152 W. 57TH DRIVE NEW YORK NY 10019	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MAYER, STANLEY A 2 EMERSON LANE SECAUCUS NJ 10019	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COHEN, PATRICE 2 EMERSON LANE SECAUCUS NJ 10019	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EDELMAN, DAVID P 2 EMERSON LANE SECAUCUS NJ 10019	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
603 W. 50th St. New York, NY 10019	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
603 W. 50th St. New York, NY 10019	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
S Michael Colosi 603 W. 50th St. New York, NY 10019	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Stanley A. Mayer, Vice President**

Date

**1/30/01**

Daytime Phone #

**(212) 315-8203**

CR2E034 (10/00)