

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000012093

1. Entity Name

RAMP, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90165 036 ***150.00

Principal Place of Business

Mailing Address

206 DANBURY RD
WILTON CT 06897

206 DANBURY RD
WILTON CT 06897-4004

2. Principal Place of Business

3. Mailing Address

50 WASHINGTON STREET

50 WASHINGTON STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1211

1211

City & State

City & State

SOUTH NORWALK CT

SOUTH NORWALK CT

Zip

Country

Zip

Country

06854

USA

06854

USA

4. FEI Number

59-2314331

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

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME GREENBERG, KENNETH S
STREET ADDRESS 1266 E MAIN ST
CITY-ST-ZIP STAMFORD CT 06902

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

TITLE VPD ☐ Delete
NAME MALLIN, NOAH
STREET ADDRESS 110 E 59TH ST
CITY-ST-ZIP NEW YORK NY 10022

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

TITLE DT ☐ Delete
NAME DUNN, SCOTT C
STREET ADDRESS 206 DANBURY RD
CITY-ST-ZIP WILTON CT 06897

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 50 WASHINGTON STREET
CITY-ST-ZIP SOUTH NORWALK CT 06854

TITLE S ☐ Delete
NAME MARAD, DALI
STREET ADDRESS 110 E 59TH ST
CITY-ST-ZIP NEW YORK NY 10022

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS DALI MASUD
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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] TREASURER

Date

Daytime Phone #

4/13/00

CR2E034 (9/99)