

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91241 001 \*\*\*150.00

**DOCUMENT # P97000012093**

1. Entity Name  
**RAMP, INC.**

**551550**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**50 WASHINGTON STREET  
 1211  
 NORWALK CT 06854  
 US**

**50 WASHINGTON STREET  
 1211  
 NORWALK CT 06854  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2314331**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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, 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

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 **50 Washington St., Suite 1211**  
 CITY-ST-ZIP **South Norwalk, Ct 06854**

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 **50 Washington St., Suite 1211**  
 CITY-ST-ZIP **South Norwalk, Ct 06854**

TITLE **DT** ☐ Delete  
 NAME **DUNN, SCOTT C**  
 STREET ADDRESS **50 WASHINGTON STREET**  
 CITY-ST-ZIP **NORWALK CT 06854**

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

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

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **50 Washington St., Suite 1211**  
 CITY-ST-ZIP **South Norwalk, Ct 06854**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **Assistant Treasurer**  
 STREET ADDRESS **William J. Postiglione**  
 CITY-ST-ZIP **50 Washington St., Suite 1211**  
**South Norwalk, Ct 06854**

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:

*William J. Postiglione*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5201**  
 Date

**203-359-0722**  
 Daytime Phone #

CR2E034 (10/00)