

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000098380**

1. Entity Name  
**NCT ACQUISITION CORP.**

Principal Place of Business

**222 S PENNSYLVANIA AVE  
STE 200  
WINTER PARK FL 32789  
US**

Mailing Address

**PO BOX 2146  
WINTER PARK FL 32790  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3609045**

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

**SALTSMAN, ROBERT P  
222 S PENNSYLVANIA AVE  
STE 200  
WINTER PARK FL 32789**

Name

Street Address (P.O. Box Number is Not Acceptable)

**100008547441  
10/23/02--01066--004 \*\*150.00**

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

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 \$550.00  
After September 13, 2002-Fee will be \$750.00  
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 **D** ☒ Delete  
NAME **VAUGHN, CHARLES**  
STREET ADDRESS **41 MADISON AVE., 38TH FLOOR**  
CITY-ST-ZIP **NEW YORK NY 10010**

TITLE **D** ☐ Change ☒ Addition  
NAME **Tim Fording**  
STREET ADDRESS **450 Park Avenue**  
CITY-ST-ZIP **New York, NY 10016**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **Dennis Gornard**  
STREET ADDRESS **1600 NW 165 St**  
CITY-ST-ZIP **Miami, FL 33169**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Change ☒ Addition  
NAME **Norman Field**  
STREET ADDRESS **1001 Sussex Drive**  
CITY-ST-ZIP **Northbrook, IL 60062**

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

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/24/02**

Date

Daytime Phone #

FILED

02 OCT 23 AM 11:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (4/02)

# EQUALITY SPECIALTIES

DISPLAY & DECORATIVE PACKAGING ACCESSORIES

October 21, 2002

Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Re: Document # 99000098380  
NCT Acquisition Corp.  
FEI Number 59-3609045

To Whom It May Concern:

Enclosed is a check in the amount of \$150.00 covering the original filing fee for the Uniform Business Report.

Please be advised that we never received the original Uniform Business Report for 2002. In addition, the second form JUST reached me.

Because of these circumstances, we hereby request that the late fees be waived.

Thank you.

Yours truly,



Norman Field  
Chief Financial Officer