

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S02008

1. Entity Name

C.S. TOWNHOME CORP.

Principal Place of Business

260 LONG RIDGE ROAD
STAMFORD CT 06927
US

Mailing Address

DEPT. 8109
260 LONG RIDGE RD.
STAMFORD CT 06927-1600

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

65-0227838

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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	D	<input type="checkbox"/> Delete
NAME	SCHIAVETTI, ALFRED J.	
STREET ADDRESS	499 THORNALL STREET	
CITY-ST-ZIP	EDISON NJ	
TITLE	S	<input type="checkbox"/> Delete
NAME	SPERGER, JOHN	
STREET ADDRESS	499 THORNALL ST	
CITY-ST-ZIP	EDISON NJ	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	SIWULEC, ANDREW P.	
STREET ADDRESS	499 THORNALL ST.	
CITY-ST-ZIP	EDISON NJ	
TITLE	T	<input type="checkbox"/> Delete
NAME	EBBERT, DONALD W.	
STREET ADDRESS	499 THORNALL ST.	
CITY-ST-ZIP	EDISON NJ	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BURGINKLE, MARY E	
STREET ADDRESS	499 THORNALL ST.	
CITY-ST-ZIP	EDISON NJ	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHERER, BRADLEY A.	
STREET ADDRESS	1601 BELVEDERE RD, 1103	
CITY-ST-ZIP	W. PALM BCH. FL	

TITLE	Asst Treas. Tax	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Amato	
STREET ADDRESS	777 Long Ridge Rd	
CITY-ST-ZIP	Stamford CT 06927	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

John Amato
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN AMATO

5-1-0

203-357-4544

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)