

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0574110 AT

DOCUMENT # **286888**

1. Entity Name
CORE MARKETS, INC.

04-02-2002 90941 048 ***150.00

Principal Place of Business Mailing Address
800 SYLVAN AVE **800 SYLVAN AVE**
ENGLEWOOD CLIFFS NJ 07632 **ENGLEWOOD CLIFFS NJ 07632**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
59-1090160 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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, 2002 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	D HARWICH, A. PETER	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	390 PARK AVE	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE NAME	VSD KURTZ, MELVIN H	<input type="checkbox"/> Delete
STREET ADDRESS	33 BENEDICT PLACE	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE NAME	AS LEONARD, KENNETH C	<input type="checkbox"/> Delete
STREET ADDRESS	33 BENEDICT PLACE	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE NAME	AST KRANTZ, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS	800 SYLVAN AVE.	
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ 07632	
TITLE NAME	PT LANDRY, MARK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	33 BENEDICT PL	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	D David A. Schwartz	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	33 Benedict Pl	
CITY-ST-ZIP	Greenwich CT 06830	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	AS David J. Strickland	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	33 Benedict Pl	
CITY-ST-ZIP	Greenwich CT 06830	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Krantz* 03/22/02 201-894-2488
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)