## **2000 UNIFORM BUSINESS REPORT (UBR)**

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PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Date

## **FILED DOCUMENT # 853100** Feb 10, 2000 8:00 am 1. Entity Name **Secretary of State** CADARET, GRANT & CO., INC. 02-10-2000 90041 032 \*\*\*150.00 Mailing Address Principal Place of Business 110 W. FAYETTE STREET 110 W. FAYETTE STREET 5TH FLOOR 5TH FLOOR SYRACUSE NY 13202-1324 SYRACUSE NY 13202 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 22-2361254 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired - . . . Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THE PRENTICE HALL CORPORATION SYSTEM, INC Street Address (P.O. Box Number is Not Acceptable) **1201 HAYS ST** TALLAHASSEE FL 32301 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Delete TITLE TITLE GRANT, ARTHUR F. NAME NAME STREET ADDRESS STREET ADDRESS 110 W. FAYETTE STREET, 5TH FL CITY-ST-ZIP CITY-ST-ZIP SYRACUSE NY 13202 ☐ Addition ☐ Change TITLE □ Delete TITLE FELDMAN, NORLYN S. NAME NAME STREET ADDRESS STREET ADDRESS 200 VALLEY RD, STE 106 CITY-ST-ZIP CITY-ST-ZIP MT ARLINGTON NJ.07856 Change ☐ Addition TITLE VSD ☐ Delete TITLE JOHNSON, BEDA L. NAME NAME STREET ADDRESS STREET ADDRESS 200 VALLEY RD, STE 106 CITY-ST-ZIP CITY-ST-ZIP MT ARLINGTON NJ 07856 DITE ☐ Delete TITLE Change ☐ Addition NAME TAYLOR, DONALD J. NAME STREET ADDRESS 110 W. FAYETTE STREET, 5TH FL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SYRACUSE NY 13202 ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITI F ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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