

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90078 040 ***150.00

DOCUMENT # 857233

Entity Name
EDWARD WECK, INCORPORATED

913011



DO NOT WRITE IN THIS SPACE

Principal Place of Business DEPARTMENT 3RD FLOOR PARK AVENUE YORK NY 10154	Mailing Address TAX DEPT.-3RD FLOOR 345 PARK AVE. NEW YORK NY 10154-0004
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Principal Place of Business	3. Mailing Address Tax Dept. - 3rd Floor
Suite, Apt. #, etc.	Suite, Apt. #, etc. 345 Park Avenue

City & State	City & State New York, New York
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Zip	Country	Zip	Country
		10154	

4. FEI Number 11-2005538	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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

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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

PD KEMPELL, GEORGE P WECK DRIVE, RESEARCH TRIANGLE PARK NORTH CAROLINA S BRENNA AUGE C 345 PARK AVENUE NEW YORK NY 10154	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director. Chairman Gordon M. Chapman 345 Park Avenue New York, NY 10154	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Sandra Leung	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
VT BAINES, HARRISON M., JR. 345 PARK AVENUE NEW YORK NY	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
DV MEE, MICHAEL F. 345 PARK AVENUE NEW YORK NY 10154	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
V ZABOR, DAVID L. 345 PARK AVENUE NEW YORK NY	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/00
 Date

Daytime Phone #

CR2E034 (9/99)