

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90166 003 ***150.00

DOCUMENT # F99000002856
1. Entity Name
THALLE CONSTRUCTION CO. INC.

Principal Place of Business 51 ROUTE 100 BRIARCLIFF MANOR NY 10510	Mailing Address 51 ROUTE 100 BRIARCLIFF MANOR NY 10510-1441
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 13-1734206	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MOEL, MARC
% BLUMBERG EXCELSIOR CORPORATE SERVICES
4435 OLD WINTER GARDEN ROAD
ORLANDO FL 32802

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE	PD <input type="checkbox"/> Delete
NAME	PACCHIANA, GEORGE
STREET ADDRESS	43 HYATT ROAD
CITY-ST-ZIP	BRIARCLIFF MANOR NY 10510
TITLE	VPD <input type="checkbox"/> Delete
NAME	PACCHIANA, GLENN
STREET ADDRESS	51 COLBY LANE
CITY-ST-ZIP	BRIARCLIFF MANOR NY 10510
TITLE	VP <input type="checkbox"/> Delete
NAME	CIPRIANI, RICHARD
STREET ADDRESS	RF1 WATERGATE DRIVE
CITY-ST-ZIP	AMAWALK NY 10602
TITLE	VP <input checked="" type="checkbox"/> Delete
NAME	NICHOLS, ROBERT
STREET ADDRESS	1 FORREST AVENUE
CITY-ST-ZIP	OSSINING NY 10562
TITLE	VP <input type="checkbox"/> Delete
NAME	AMATO, JOSEPH
STREET ADDRESS	1403 HANOVER STREET
CITY-ST-ZIP	YORKTOWN NY 10598
TITLE	T <input type="checkbox"/> Delete
NAME	PIERORAZIO, JOSEPH B
STREET ADDRESS	12 MANHATTAN AVENUE
CITY-ST-ZIP	NEW ROCHELLE NY 10801

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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: _____ **3-30-00** **Date** _____ **Daytime Phone #** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)