

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P25641

1. Entity Name

HAAS PUBLISHING COMPANIES, INC.

FILED

May 15, 2000 8:00 am
Secretary of State

05-15-2000 90171 027 ***158.75

Principal Place of Business

Mailing Address

3119 CAMPUS DR.
NORCROSS GA 30071

3119 CAMPUS DR.
NORCROSS GA 30071-1402

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-1858150

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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 15, 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 P ☐ Delete
NAME METZ, ROBERT
STREET ADDRESS 3119 CAMPUS DR.
CITY-ST-ZIP NORCROSS GA

TITLE CD ☒ Delete
NAME REILLY, WILLIAM
STREET ADDRESS 745 FIFTH AVE
CITY-ST-ZIP NEW YORK NY

TITLE D ☒ Delete
NAME FARNSWORTH, JACK
STREET ADDRESS 745 FIFTH AVE
CITY-ST-ZIP NEW YORK NY

TITLE V ☐ Delete
NAME AUSTIN, GARY
STREET ADDRESS 3119 CAMPUS DRIVE
CITY-ST-ZIP NORCROSS GA

TITLE VT ☐ Delete
NAME PARKER, GERRY
STREET ADDRESS 3119 CAMPUS DRIVE
CITY-ST-ZIP NORCROSS GA

TITLE VS ☐ Delete
NAME RIPOSANU, ANN
STREET ADDRESS 745 FIFTH AVE
CITY-ST-ZIP NEW YORK NY

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CEO ☐ Change ☒ Addition
NAME Thomas Rogers
STREET ADDRESS 745 Fifth Avenue
CITY-ST-ZIP New York NY 10151

TITLE Secretary ☐ Change ☒ Addition
NAME Beverly Chell
STREET ADDRESS 745 Fifth Avenue
CITY-ST-ZIP New York, NY 10151

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-00

(770)446-6580

CR2E034 (9/99)