CENTER *for* JUDICIAL ACCOUNTABILITY, INC.

P.O. Box 69, Gedney Station
White Plains, New York 10605-0069

Tel. (914) 421-1200
Fax (914) 428-4994

E-Mail: judgewatch@aol.com
Web site: www.judgewatch.org

Elena Ruth Sassower, Coordinator

BY FAX: 212-416-8026 (2 pages)
BY CERTIFIED MAIL/RRR: 7001-0360-0002-6819-6221

December 7, 2001

New York State Attorney General
120 Broadway
New York, New York 10271

ATT: Sylvia Hamer, Records Access Officer

RE: Request to Inspect Records

Dear Ms. Hamer:

Pursuant to the Freedom of Information Law (F.O.I.L.) [Public Officers Law, Article VI], request is made to inspect:

1. All verified statements, pursuant to Business Corporation Law §1207(a)(3), which the receiver for *Puccini Clothes, Inc.* (Supreme Court/NY Co. #1816-1980) was yearly required to serve upon the Attorney General, "showing the assets received, the disposition thereof, the money on hand, all payments made, specifying the persons to whom paid and the purpose of the payments, the amount necessary to be retained to meet necessary expenses and claims against the receiver, and the distributive share in the remainder of each person interested therein";

2. Any orders to show cause or notices of motion by the Attorney General, pursuant to Business Corporation Law §1216(a), to compel a final accounting and distribution for *Puccini Clothes, Inc.* (Supreme Court/NY Co. #1816-1980), involuntarily dissolved on June 4, 1980;

3. The final accounting and distribution for *Puccini Clothes, Inc.* (Supreme Court/NY Co. #1816-1980).

Pursuant to F.O.I.L. [Public Officers Law §89.3], your response is required within five business days of receipt of this written request.

Thank you.

Yours for a quality judiciary,

Elena Ruth Sassower

ELENA RUTH SASSOWER, Coordinator
Center for Judicial Accountability, Inc. (CJA)

TRANSMISSION VERIFICATION REPORT

TIME : 12/07/2001 10:38
NAME : CJA
FAX : 9144284994
TEL : 9144211200

DATE,TIME	12/07 10:37
FAX NO./NAME	12124168025
DURATION	00:00:51
PAGE(S)	02
RESULT	OK
MODE	STANDARD ECM

7001 0360 0002 6819 6221

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

10271

Postage	$ 0.34	UNIT ID: 0136
Certified Fee	2.10	
Return Receipt Fee (Endorsement Required)	1.50	Postmark Here
Restricted Delivery Fee (Endorsement Required)		Clerk: KSKXQZ
Total Postage & Fees	$ 3.94	12/07/01

Sent To: Sylvia Hamer, Records Access Officer
NYS Attorney General
Street, Apt. No.; or PO Box No. 120 Broadway
City, State, ZIP+4 Ny Ny 10271

PS Form 3800, January 2001 See Reverse

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Sylvia Hamer
Records Access Officer
NYS Attorney General
120 Broadway
Ny. NY 10271

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery 12/11/01
C. Signature X [signature] ☐ Agent ☐ Addressee
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)* 7001 0360 0002 6819 6221

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952