

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90159 001 \*\*\*150.00

**DOCUMENT # F93000005556**

1. Corporation Name

LOUIS BERGER & ASSOCIATES, INC.

Principal Place of Business  
100 HALSTED STREET  
EAST ORANGE NJ 07019-0270

Mailing Address  
100 HALSTED STREET  
EAST ORANGE NJ 07019-0270

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/07/1993

4. FEI Number

22-1966254

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARANTZ, LEON A  
2580 SOUTH OCEAN BLVD.  
SUITE 1-B-3  
PALM BEACH FL 33480

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME POLK, PETER A.  
STREET ADDRESS 10120 HIGH HILL COURT  
CITY-ST-ZIP GREAT FALLS VA

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE  
NAME QUINN, PAT M  
STREET ADDRESS 3 WALTER HOUP COURT N.E.  
CITY-ST-ZIP WASHINGTON DC

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME SHEA, GERALD P  
STREET ADDRESS 5 PLACID LAKE LANE  
CITY-ST-ZIP WESTPORT CT

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME TAS  
3.3 STREET ADDRESS Pearlson, Paul A.  
3.4 CITY-ST-ZIP 235 Hillside Ave.  
Livingston, NJ 07039

TITLE C ☐ DELETE  
NAME WOLFF, DERISH M  
STREET ADDRESS 160-3 JOCKEY HOLLOW RD.  
CITY-ST-ZIP BERNARDSVILLE NJ

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE S ☐ DELETE  
NAME BERGER, FREDRIC S  
STREET ADDRESS 7729 BROOKVILLE RD.  
CITY-ST-ZIP CHEVY CHASE MD

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE P ☐ DELETE  
NAME WECK, THOMAS L.  
STREET ADDRESS 9 BEVERLY ROAD  
CITY-ST-ZIP MADISON NJ

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

PAUL M. PEARLSON

Date

Daytime Phone #

4/26/99

(973) 678-1960

CR2E034 (11/98)