

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

0575186 AT

DOCUMENT # F98000005156

1. Entity Name

PROFESSIONAL DETAILING NETWORK, INC.

02-14-2002 90088 044 ***150.00

Principal Place of Business

**2000 LENOX DRIVE, SUITE 100
LAWRENCEVILLE NJ 08648**

Mailing Address

**41 MADISON AVE., 31ST FLOOR
NEW YORK NY 10010**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-2838757

Applied For

Not Applicable

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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 1, 2002 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	EVAS	<input checked="" type="checkbox"/> Delete
NAME	MOORE, THOMAS A	
STREET ADDRESS	41 MADISON AVE, 31ST FLOOR	
CITY - ST - ZIP	NEW YORK NY 10010	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, THOMAS A	
STREET ADDRESS	41 MADISON AVE, 31ST FLOOR	
CITY - ST - ZIP	NEW YORK NY 10010	
TITLE	CEOD	<input checked="" type="checkbox"/> Delete
NAME	NELSON, WAYNE K	
STREET ADDRESS	41 MADISON AVE, 31ST FLOOR	
CITY - ST - ZIP	NEW YORK NY 10010	
TITLE	EVST	<input checked="" type="checkbox"/> Delete
NAME	LAW-GISIKO, PETER	
STREET ADDRESS	41 MADISON AVE, 31ST FLOOR	
CITY - ST - ZIP	NEW YORK NY 10010	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	LAW-GISIKO, PETER	
STREET ADDRESS	41 MADISON AVE, 31ST FLOOR	
CITY - ST - ZIP	NEW YORK NY 10010	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	EVERSON, DOUGLAS	
STREET ADDRESS	1009 LENOX DRIVE	
CITY - ST - ZIP	LAWRENCEVILLE NJ 08648	

TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, THOMAS A	
STREET ADDRESS	41 MADISON AVENUE, 31ST FLOOR	
CITY - ST - ZIP	NEW YORK, NY 10010	
TITLE	CFO/ SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN W. NABIAL	
STREET ADDRESS	41 MADISON AVENUE, 31ST FLOOR	
CITY - ST - ZIP	NEW YORK, NY 10010	
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)