

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90059 008 ***150.00

DOCUMENT # F93000005556

1. Entity Name
THE LOUIS BERGER GROUP (DOMESTIC), INC.



Principal Place of Business
**100 HALSTED STREET
EAST ORANGE NJ 07018-2612**

Mailing Address
**100 HALSTED STREET
EAST ORANGE NJ 07018-2612**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **22-1966254**

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **POLK, PETER A.**
STREET ADDRESS **10120 HIGH HILL COURT**
CITY-ST-ZIP **GREAT FALLS VA 22066**

TITLE **C** ☐ Change ☒ Addition
NAME **Wolff, Denish M.**
STREET ADDRESS **160-3 Jockey Hollow Rd.**
CITY-ST-ZIP **Bernardsville, NJ 07924**

TITLE **VD** ☐ Delete
NAME **QUINN, PAT M**
STREET ADDRESS **3 WALTER Houp COURT N.E.**
CITY-ST-ZIP **WASHINGTON DC 20002**

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

TITLE **TAS** ☐ Delete
NAME **PEARLSON, PAUL A**
STREET ADDRESS **235 HILLSIDE AVE**
CITY-ST-ZIP **LIVINGSTON NJ 07039**

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

TITLE **P** ☐ Delete
NAME **MASUSSI, NICHOLAS J**
STREET ADDRESS **10801 MILLINGTON ROAD LA.**
CITY-ST-ZIP **RICHMOND VA 23233**

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

TITLE **S** ☐ Delete
NAME **BERGER, FREDRIC S**
STREET ADDRESS **7729 BROOKVILLE RD.**
CITY-ST-ZIP **CHEVY CHASE MD 20815**

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

TITLE **AS** ☐ Delete
NAME **PEPE, SALVATORE J**
STREET ADDRESS **51 FULLING AVE.**
CITY-ST-ZIP **TUCKAHOE NY 10707**

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

12. 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 10 or Block 11 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 #

JAN 3, 04 (973) 678-1960

CR2E034 (10/02)