

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

7/9)

FILED
Aug 04, 2003 8:00 am
Secretary of State

07-09-2003 90032 049 ****70.00
08-04-2003 90144 007 ***480.00

DOCUMENT # F96000005107

1. Entity Name
PRUDENTIAL TIMBER INVESTMENTS, INC.



Principal Place of Business
**FOUR COPLEY PLACE 6TH FL
BOSTON MA 02116**

Mailing Address
**PO BOX 890407
BOSTON MA 02199**

2. Principal Place of Business
800 Boylston St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Boston MA

City & State

Zip
02199

Country

Zip

Country

4. FEI Number **04-3070429**

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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. 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 \$550.00
After September 10, 2003, Fee will be \$750.00
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 ☐ Delete
NAME **PD LORD, JOHN M JR**
STREET ADDRESS **109 CHESTNUT STREET**
CITY-ST-ZIP **WESTON MA 02193**

TITLE ☐ Change ☒ Addition
NAME **C. PETER-ECKERT**
STREET ADDRESS **Three Gateway Center - 15th Floor**
CITY-ST-ZIP **Newark NJ 07102**

TITLE ☐ Delete
NAME **VACD CHARLES, DOUGLAS W**
STREET ADDRESS **131 PARK DRIVE # 9**
CITY-ST-ZIP **BOSTON MA 02215**

TITLE ☐ Change ☒ Addition
NAME **VP BARRY BEERS**
STREET ADDRESS **1500 KLOVDIKE RD - SUITE A106**
CITY-ST-ZIP **CONYERS GA 30094**

TITLE ☐ Delete
NAME **AS SHEA, JAMES**
STREET ADDRESS **7 WENANOH AVE**
CITY-ST-ZIP **ROCKAWAY NJ 07868**

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

TITLE ☒ Delete
NAME **CD WINOGRAD, BERNARD**
STREET ADDRESS **189 OAK RIDGE AVE**
CITY-ST-ZIP **SUMMIT NJ 07901**

TITLE ☐ Change ☒ Addition
NAME **CD Charles Lowrey**
STREET ADDRESS **8 CAMBUS DRIVE**
CITY-ST-ZIP **PARSIPPANY NJ 07054**

TITLE ☒ Delete
NAME **AS SHULEVITZ, DEBORAH G**
STREET ADDRESS **924 W END AVE**
CITY-ST-ZIP **NEW YORK NY**

TITLE ☐ Change ☒ Addition
NAME **T C. EDWARD CHAPLIN**
STREET ADDRESS **751 BROAD ST**
CITY-ST-ZIP **NEWARK NJ 07102**

TITLE ☐ Delete
NAME **VPAS BLUM, FREDERICK W**
STREET ADDRESS **8 AGAWAM AVE**
CITY-ST-ZIP **IPSWICH MA**

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:

Frederick W. Blum (Frederick W. Blum)

7/5/03

617-SBS-3535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)