

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 827100

1. Entity Name

PIC REALTY CORPORATION

Principal Place of Business

8 CAMPUS DRIVE, 4TH FLOOR
ARBOR CIRCLE SOUTH
PARSIPPANY NJ 07054

Mailing Address

213 WASHINGTON STREET
8TH FLOOR
NEWARK NJ 07102

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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, 2001 Fee will be \$350.00
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: VD
NAME: ZUCKER-MALTESE, CHER
STREET ADDRESS: 8 CAMPUS DRIVE, 4TH FLOOR
CITY-ST-ZIP: PARSIIPPANY NJ 07054
☒ Delete

TITLE: Director
NAME: Maxson, Frank A.
STREET ADDRESS: 130 E. Randolph Dr.
CITY-ST-ZIP: Chicago, IL 60601-6207
☐ Change ☒ Addition

TITLE: VD
NAME: KILROY, ROBERT R
STREET ADDRESS: 5040 HARRINGTON ROAD
CITY-ST-ZIP: ALPHRETTA GA 30022
☒ Delete

TITLE: VP/Director
NAME: Stoesser, Joel W.
STREET ADDRESS: 8 Campus Dr.
CITY-ST-ZIP: Parsippary, NJ 07054-4409
☐ Change ☒ Addition

TITLE: PD
NAME: TWARDOCK, DAVID A
STREET ADDRESS: 100 MULBERRY ST
CITY-ST-ZIP: NEWARK NJ 07102-4069
☐ Delete

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

TITLE: VD
NAME: GREEN, ALLEN J
STREET ADDRESS: 8 CAMPUS DR 4TH FLOOR
CITY-ST-ZIP: PARSIIPPANY NJ 07054
☐ Delete

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

TITLE: S
NAME: PARKER, STEPHEN C
STREET ADDRESS: 100 MULBERRY ST
CITY-ST-ZIP: NEWARK NJ 07102-4077
☒ Delete

TITLE: Secretary
NAME: Kendale, Ellen T.
STREET ADDRESS: 8 Campus Dr.
CITY-ST-ZIP: Parsippary, NJ 07054-4409
☐ Change ☒ Addition

TITLE: TR
NAME: PAVLOU, JANICE F
STREET ADDRESS: 213 WASHINGTON ST
CITY-ST-ZIP: NEWARK NJ 07102-2992
☒ Delete

TITLE: Treasurer
NAME: Chaplin, Charles E.
STREET ADDRESS: 751 Broad St.
CITY-ST-ZIP: NEWARK, NJ 07102
☐ Change ☒ Addition

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:

Janice F. Pavlou
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/01 973-802-3571
Date Daytime Phone #

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90051 016 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)