

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91647 045 ***150.00

DOCUMENT # 827100

1. Entity Name
PIC REALTY CORPORATION

Principal Place of Business
6 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

4. FEI Number
22-1856768

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

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]*
 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **MAXSON, FRANK A**
 CITY-ST-ZIP **130 E RANDOLPH DRIVE**
CHICAGO IL 60601-6207

TITLE ☒ Delete
 NAME **VPD**
 STREET ADDRESS **STOESSER, JOEL W**
 CITY-ST-ZIP **8 CAMPUS DRIVE**
PARSIPPANY-NJ 07054-4409

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

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

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **KENDALL, ELLEN T**
 CITY-ST-ZIP **8 CAMPUS DRIVE**
PARSIPPANY NJ 07054-4409

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **CHAPLIN, CHARLES E**
 CITY-ST-ZIP **751 BROAD STREET**
NEWARK NJ 07102-2992

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

TITLE ☐ Change ☒ Addition
 NAME **Asst Comptroller**
 STREET ADDRESS **Janice F. Pavlou**
 CITY-ST-ZIP **213 Washington St.**
Newark, NJ 07102

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

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

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

TITLE ☐ Change ☐ 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

Daytime Phone #

CR2E034 (9/01)