

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State
03-14-2002 90023 049 ***150.00

CR10457 AT

DOCUMENT # 837518
1. Entity Name
LAWRENCEVILLE PROPERTY AND CASUALTY COMPANY

Principal Place of Business Mailing Address
CRYSTAL PARK III **2 PRINCESS RD**
2231 CRYSTAL DR. STE 500 **LAWRENCEVILLE NJ 08648**
ARLINGTON VA 22202 **US**
US.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		54-0921896		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STATE INSURANCE COMMISSIONER CAPITOL BUILDING TALLAHASSEE FL 32304		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PCEO <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOREYVA, KENNETH	NAME	
STREET ADDRESS	2 PRINCESS RD	STREET ADDRESS	
CITY-ST-ZIP	LAWRENCEVILLE NJ 08648	CITY-ST-ZIP	
TITLE	VTCF <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDMAN, THOMAS	NAME	
STREET ADDRESS	2 PRINCESS ROAD	STREET ADDRESS	
CITY-ST-ZIP	LAWRENCEVILLE NJ	CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMERECK, DANIEL G	NAME	
STREET ADDRESS	2 PRINCESS RD	STREET ADDRESS	
CITY-ST-ZIP	LAWRENCEVILLE NJ 08648	CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARESSA, VINCENT A ESQ.	NAME	
STREET ADDRESS	2 PRINCESS RD	STREET ADDRESS	
CITY-ST-ZIP	LAWRENCEVILLE NJ 08648	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIRSCH, PAUL J MD	NAME	
STREET ADDRESS	2 PRINCESS RD	STREET ADDRESS	
CITY-ST-ZIP	LAWRENCEVILLE NJ	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MISKOFF, A. RICHARD D.O.	NAME	
STREET ADDRESS	2 PRINCESS RD	STREET ADDRESS	
CITY-ST-ZIP	LAWRENCEVILLE NJ	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: **Redman** **2/25/02** **(609) 896-2404, x1339**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

Block 12

Attachment

Dir. # 837578

Additional Officers of Lawrenceville Property and Casualty Company:

Title: P/CEO/COO/D
Name: Patricia A. Costante
Street Address: Two Princess Road
City/State/Zip: Lawrenceville, NJ 08648

336002

Title: V/S:
Name: Catherine E. Williams
Street Address: Two Princess Road
City/State/Zip: Lawrenceville, NJ 08648

Additional Directors of Lawrenceville Property and Casualty Company:

Title: D:
Name: Costante, Patricia A.
Street Address: Two Princess Road
City/State/Zip: Lawrenceville, NJ 08648

Title: D:
Name: Sorger, Martin L., M.D.
Street Address: Two Princess Road
City/State/Zip: Lawrenceville, NJ 08648

Title: D:
Name: Sullivan, Bessie M., M.D.
Street Address: Two Princess Road
City/State/Zip: Lawrenceville, NJ 08648