

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90164 026 \*\*\*150.00

**DOCUMENT # 843779**

1. Entity Name  
PW FRANKLIN CORPORATION



Principal Place of Business  
1000 HARBOR BLVD  
C/O TAX DEPT. 9TH FLOOR  
WEEHAWKEN, NJ 07087

Mailing Address  
1000 HARBOR BLVD  
C/O TAX DEPT. 9TH FLOOR  
WEEHAWKEN, NJ 07087

54052875



04262004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
06-1005519

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE  
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
PHANANJAY, PAL M  
800 HARBOR BLVD  
WEEHAWKEN, NJ 07087

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
DYER, STEPHEN R  
800 HARBOR BLVD  
WEEHAWKEN, NJ 07087

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
MCLAUGHLIN, ELLEEN  
800 HARBOR BLVD  
WEEHAWKEN, NJ 07087

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AT  
DEVICO, LOUIS J  
800 HARBOR BLVD  
WEEHAWKEN, NJ 07087

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
CLAPP, ANDREW TODD  
800 HARBOR BLVD  
WEEHAWKEN, NJ 07087

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AS  
BANYAI, GERALDINE L  
800 HARBOR BLVD  
WEEHAWKEN, NJ 07087

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04

Daytime Phone #