

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90425 034 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #843779**

1. Entity Name  
**PW FRANKLIN CORPORATION**



Principal Place of Business  
**800 HARBOR BLVD  
C/O TAX DEPT. 1ST FLOOR  
WEEHAWKEN, NJ 07087**

Mailing Address  
**800 HARBOR BLVD  
C/O TAX DEPT. 1ST FLOOR  
WEEHAWKEN, NJ 07087**

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  
**06-1005519**

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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2625**

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 \$150.00  
After May 1, 2003 Fee will be \$550.00  
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 **P** ☐ Delete  
NAME **PHANANJAY, PAL M**  
STREET ADDRESS **800 HARBOR BLVD**  
CITY-ST-ZIP **WEEHAWKEN, NJ 07087**

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

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

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

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

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

TITLE **AT** ☐ Delete  
NAME **LEVINE, KENNETH D**  
STREET ADDRESS **800 HARBOR BLVD**  
CITY-ST-ZIP **WEEHAWKEN, NJ 07087**

TITLE ☐ Change ☒ Addition  
NAME **Assistant Treasurer**  
STREET ADDRESS **LOUIS J. DeVico**  
CITY-ST-ZIP **800 Harbor Blvd.**  
**Weehawken, NJ 07086**

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/03

201-352-0559

CR2E034 (10/02)

*Attachment*  
UBS PAINEWEBBER INC. # *7005447*  
*843779*

\* 800 Harbor Boulevard \* Tax Dept-1st Floor \* Weehawken, NJ 07086 \*

CERTIFIED MAIL #: \_\_\_\_\_

04/15/2003

DEPT OF STATE  
DIV OF CORPS/ANN. RPT FILINGS  
P.O. BOX 1500  
TALLAHASSEE , FL 32302-1500

Re: PW Franklin Corporation  
FEIN: 06-1005519

Gentlemen:

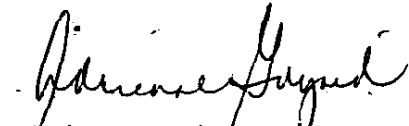
On behalf of the above captioned company, we are enclosing the following return:

ANNUAL REPORT - RETURN

Enclosed also is a check in the amount of \$ 150.00 in payment of the indicated liability.

Should you have any questions regarding this filing please feel free to contact State Tax Manager, Louis DeVico at (201) 352-0559.

Very truly yours,

  
Adrienne Gilyard