

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90169 014 ***150.00

DOCUMENT # 845202

1. Corporation Name

PW IDLEWILD CORPORATION

Principal Place of Business

% TAX DEPARTMENT, 9TH FLOOR
1000 HARBOR BLVD
WEEHAWKEN NJ 07087

Mailing Address

% TAX DEPARTMENT, 9TH FLOOR
1000 HARBOR BLVD
WEEHAWKEN NJ 07087

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/11/1980

4. FEI Number

13-3020129

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	VOYTKO, JAMES M	
STREET ADDRESS	1000 HARBOR BOULEVARD	
CITY-STATE-ZIP	WEEHAWKEN NJ 07087	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MCCORMICK, RICHARD F	
STREET ADDRESS	1000 HARBOR BOULEVARD	
CITY-STATE-ZIP	WEEHAWKEN NJ	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LAUGHLING, EILEEN M	
STREET ADDRESS	1000 HARBOR BLVD.	
CITY-STATE-ZIP	WEEHAWKEN NJ	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	LEVINE, KEN	
STREET ADDRESS	1000 HARBOR BOULEVARD	
CITY-STATE-ZIP	WEEHAWKEN NJ	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, PIERCE R	
STREET ADDRESS	1000 HARBOR BOULEVARD	
CITY-STATE-ZIP	WEEHAWKEN NJ 07087	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DYER, STEPHEN R	
STREET ADDRESS	1000 HARBOR BOULEVARD	
CITY-STATE-ZIP	WEEHAWKEN NJ 07087	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Dhananjay M. Pai	
1.3 STREET ADDRESS	1000 Harbor Blvd.	
1.4 CITY-STATE-ZIP	Weehawken, NJ 07087	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Peter Zurkow	
2.3 STREET ADDRESS	1000 Harbor Blvd.	
2.4 CITY-STATE-ZIP	Weehawken, NJ 07087	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	William J. Nolan	
5.3 STREET ADDRESS	1000 Harbor Blvd.	
5.4 CITY-STATE-ZIP	Weehawken, NJ 07087	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kenneth Levine 4-28-99 (201) 902-4323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)