

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F00000000308**

1. Entity Name

**WEICHERT FINANCIAL SERVICES CORP.****FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90298 020 \*\*\*150.00

Principal Place of Business

**225 LITTLETON ROAD**  
**MORRIS PLAINS NJ 07950**

Mailing Address

**225 LITTLETON ROAD**  
**MORRIS PLAINS NJ 07950**

2. Principal Place of Business

**225 Littleton Rd.**

3. Mailing Address

**Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Morris Plains, NJ**

City &amp; State

City &amp; State

**Same**

Zip

**07950**

Country

**USA**

Zip

**Same**

Country

**Same**4. FEI Number **22-2302263**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

**n/a**

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, 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, 2001 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

TITLE **P** ☐ Delete  
NAME **WATKINS, FRED**  
STREET ADDRESS **5873 HICKORY HOLLOW LANE**  
CITY-ST-ZIP **DOYLESTOWN PA 18901**TITLE **VCFO** ☐ Delete  
NAME **DWOJEWSKI, AL**  
STREET ADDRESS **360 NORTH ROAD**  
CITY-ST-ZIP **CHESTER NJ 07930**TITLE **V** ☐ Delete  
NAME **HEENAN, PALMER JR.**  
STREET ADDRESS **18 NINA PLACE**  
CITY-ST-ZIP **RANDOLPH NJ 07869**TITLE **CD** ☐ Delete  
NAME **WEICHERT, JAMES M**  
STREET ADDRESS **MARYKNOLL DRIVE, BOX 442**  
CITY-ST-ZIP **NEW VERNON NJ 07976**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/01

Date

936051522

Daytime Phone #

CR2E034 (10/00)