

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Aug 05, 2002 8:00 am**  
**Secretary of State**

08-05-2002 90009 029 \*\*\*550.00

**DOCUMENT # F01000000856**

1. Entity Name

**HIGHLANDS SERVICES CORPORATION**

Principal Place of Business

**1000 LENOX DRIVE  
LAWRENCEVILLE NJ 08648**

Mailing Address

**1000 LENOX DRIVE  
LAWRENCEVILLE NJ 08648**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**52-2182926**

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

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

**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 \$550.00  
After September 13, 2002 Fee will be \$750.00  
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	PD	<input checked="" type="checkbox"/> Delete
NAME	COWLEY, JOHN W	
STREET ADDRESS	1000 LENOX DRIVE	
CITY-ST-ZIP	LAWRENCEVILLE NJ	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	KIBBLEHOUSE, STEPHEN L	
STREET ADDRESS	1000 LENOX DRIVE	
CITY-ST-ZIP	LAWRENCEVILLE NJ	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	T/CFO/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Albert J. Marino	
STREET ADDRESS	1000 Lenox Drive	
CITY-ST-ZIP	Lawrenceville, NJ 08648	
TITLE	P/CEO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert J. Brookes	
STREET ADDRESS	1000 Lenox Drive	
CITY-ST-ZIP	Lawrenceville, NJ 08648	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(609) 895-3292

CR2E034 (4/02)