

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000003893

1. Entity Name

PRUDENTIAL UNIFORMED SERVICES ADMINISTRATORS, IN

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90278 027 \*\*\*150.00

Principal Place of Business

Mailing Address

56 LIVINGSTON AVE  
ROSELAND NJ 07068  
US

56 LIVINGSTON AVE  
MAILSTOP 431  
ROSELAND NJ 07068-1733  
US

2. Principal Place of Business

290 West Mt. Pleasant Ave.

3. Mailing Address 290 West Mt.

Pleasant Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Livingston, NJ 07039

City & State

Livingston, NJ 07039

4. FEI Number

73-1428590

Applied For

Not Applicable

Zip  
07039

Country  
US

Zip  
07039

Country  
US

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

STATE OF FLORIDA TREASURER & INSURANCE  
COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32399-0300

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.

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BROWN LEE, JOANNE	
STREET ADDRESS	56 LIVINGSTON AVE, MAILSTOP 431	
CITY-ST-ZIP	ROSELAND NJ	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	MILLER, MARY J.	
STREET ADDRESS	ONE PRUDENTIAL CIRCLE, MAIL STOP B200	
CITY-ST-ZIP	SUGAR LAND TX 77478	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HENDERSON, MICHAEL R	
STREET ADDRESS	ONE PRUDENTIAL CIRCLE, MAIL STOP 500	
CITY-ST-ZIP	SUGAR LAND TX	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LUDLAM, HARVEY F	
STREET ADDRESS	2859 PACES FERRY RD	
CITY-ST-ZIP	ATLANTA GA	
TITLE	PCD	<input checked="" type="checkbox"/> Delete
NAME	CASSITY, JAMES W	
STREET ADDRESS	ONE PRUDENTIAL CIRCLE, MAIL STOP 500	
CITY-ST-ZIP	SUGAR LAND TX	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GERAGHTY, PATRICK J	
STREET ADDRESS	2859 PACES FERRY ROAD	
CITY-ST-ZIP	ATLANTA GA 30339	

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Doreen S. Faga	
STREET ADDRESS	290 West Mt. Pleasant Avenue	
CITY-ST-ZIP	Livingston, NJ 07039	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donald W. Bunda	
STREET ADDRESS	290 West Mt. Pleasant Avenue	
CITY-ST-ZIP	Livingston, NJ 07039	
TITLE	V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	C. Edward Chaplin	
STREET ADDRESS	751 Broad Street	
CITY-ST-ZIP	Newark, NJ 07102	
TITLE	V/Asst.T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kathleen C. Hoffman	
STREET ADDRESS	751 Broad Street	
CITY-ST-ZIP	Newark, NJ 07102	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chrystal Veazey-Watson	
STREET ADDRESS	751 Broad Street	
CITY-ST-ZIP	Newark, NJ 07102	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Arthur J. Powell	
STREET ADDRESS	751 Broad Street	
CITY-ST-ZIP	Newark, NJ 07102	

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:

*Donald W. Bunda* 4/21/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

973 5785976

CR2E034 (9/99)

7430000387J  
B0093295

12. (Continued)

Title: D XX-Addition  
Name: Christine Knight  
Address: 290 West Mt. Pleasant Avenue  
Livingston, NJ 07039