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Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000005556 (6)

1. Corporation Name

LOUIS BERGER & ASSOCIATES, INC.



Principal Place of Business
100 HALSTED STREET
EAST ORANGE NJ 07019-0270

Mailing Address
100 HALSTED STREET
EAST ORANGE NJ 07018-2612

3. Date Incorporated or Qualified 12/07/1993	3a. Date of Last Report 04/16/1996
4. FEI Number 22-1966254	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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

MARANTZ, LEON A
2580 SOUTH OCEAN BLVD.
SUITE 1-B-3
PALM BEACH FL 33480

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)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☒ DELETE	1.1 TITLE	D ☐ Change ☒ Addition
NAME	BERGER, LOUIS	1.2 NAME	POLK, PETER A.
STREET ADDRESS	16992 ROSE APPLE DR.	1.3 STREET ADDRESS	10120 High Hill Court
CITY - ST - ZIP	DELRAY BEACH FL	1.4 CITY - ST - ZIP	Great Falls, VA 22066
TITLE	VD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	QUINN, PAT M	2.2 NAME	
STREET ADDRESS	3 WALTER HOUP COURT N.E.	2.3 STREET ADDRESS	
CITY - ST - ZIP	WASHINGTON DC	2.4 CITY - ST - ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SHEA, GERALD P	3.2 NAME	
STREET ADDRESS	5 PLACID LAKE LANE	3.3 STREET ADDRESS	
CITY - ST - ZIP	WESTPORT CT	3.4 CITY - ST - ZIP	
TITLE	C ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WOLFF, DERISH M	4.2 NAME	
STREET ADDRESS	160-3 JOCKEY HOLLOW RD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	BERNARDSVILLE NJ	4.4 CITY - ST - ZIP	
TITLE	S ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BERGER, FREDRIC S	5.2 NAME	
STREET ADDRESS	7729 BROOKVILLE RD.	5.3 STREET ADDRESS	
CITY - ST - ZIP	CHEVY CHASE MD	5.4 CITY - ST - ZIP	
TITLE	P ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	WECK, THOMAS L.	6.2 NAME	
STREET ADDRESS	9 BEVERLY ROAD	6.3 STREET ADDRESS	
CITY - ST - ZIP	MADISON NJ	6.4 CITY - ST - ZIP	

14. I do 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 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.

SIGNATURE:

Pawn H. Pearson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/97
Date

201-678-1960
Daytime Phone #

CR2E034 (9/96)

Florida State Annual Report
Louis Berger & Associates, Inc.
FEIN 22-1966254

Document # F93000005556

Block 12 continued

<u>Name</u>	<u>Title</u>	<u>Street</u>	<u>City & State</u>
Pearlson, Paul A.	T/A-S	235 Hillside Av.	Livingston, NJ 07039
Sacks, Bernard L.	A-S	3327 Long Point Dr.	Toms River, NJ 08753

A = Assistant