

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000005556

1. Entity Name

THE LOUIS BERGER GROUP (DOMESTIC), INC.

FILED

May 01, 2001 8:00 am  
Secretary of State

05-01-2001 90021 050 \*\*\*150.00

Principal Place of Business

Mailing Address

100 HALSTED STREET  
EAST ORANGE NJ 07019-0270

100 HALSTED STREET  
EAST ORANGE NJ 07019-0270

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 22-1966254

Applied For

Not Applicable

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

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                          |                                            |
|----------------|--------------------------|--------------------------------------------|
| TITLE          | D                        | <input type="checkbox"/> Delete            |
| NAME           | POLK, PETER A.           |                                            |
| STREET ADDRESS | 10120 HIGH HILL COURT    |                                            |
| CITY-ST-ZIP    | GREAT FALLS VA           |                                            |
| TITLE          | VD                       | <input type="checkbox"/> Delete            |
| NAME           | QUINN, PAT M             |                                            |
| STREET ADDRESS | 3 WALTER HOUP COURT N.E. |                                            |
| CITY-ST-ZIP    | WASHINGTON DC            |                                            |
| TITLE          | TAS                      | <input type="checkbox"/> Delete            |
| NAME           | PEARLSON, PAUL A         |                                            |
| STREET ADDRESS | 235 HILLSIDE AVE         |                                            |
| CITY-ST-ZIP    | LIVINGSTON NJ 07039      |                                            |
| TITLE          | C                        | <input type="checkbox"/> Delete            |
| NAME           | WOLFF, DERISH M          |                                            |
| STREET ADDRESS | 160-3 JOCKEY HOLLOW RD.  |                                            |
| CITY-ST-ZIP    | BERNARDSVILLE NJ         |                                            |
| TITLE          | S                        | <input type="checkbox"/> Delete            |
| NAME           | BERGER, FREDRIC S        |                                            |
| STREET ADDRESS | 7729 BROOKVILLE RD.      |                                            |
| CITY-ST-ZIP    | CHEVY CHASE MD           |                                            |
| TITLE          | P                        | <input checked="" type="checkbox"/> Delete |
| NAME           | WECK, THOMAS L           |                                            |
| STREET ADDRESS | 9 BEVERLY ROAD           |                                            |
| CITY-ST-ZIP    | MADISON NJ               |                                            |

|                |                                                                              |
|----------------|------------------------------------------------------------------------------|
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                              |
| STREET ADDRESS |                                                                              |
| CITY-ST-ZIP    | Great Falls, VA 22066                                                        |
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                              |
| STREET ADDRESS |                                                                              |
| CITY-ST-ZIP    | Washington, DC 20002                                                         |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                                                              |
| STREET ADDRESS |                                                                              |
| CITY-ST-ZIP    |                                                                              |
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | P                                                                            |
| STREET ADDRESS |                                                                              |
| CITY-ST-ZIP    | Bernardsville, NJ 07924                                                      |
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                              |
| STREET ADDRESS |                                                                              |
| CITY-ST-ZIP    | Chevy Chase, MD 20815                                                        |
| 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:

*Paul A. Pearlson*

PAUL A. PEARLSON

Date

4/17/01

Daytime Phone #

(973) 678-7960

CR2E034 (10/00)