

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

0573811 AT

DOCUMENT # F96000002186

1. Entity Name

BOLLINGER INSURANCE PROGRAMS, INC.

03-06-2002 90038 031 ***150.00

Principal Place of Business

**830 MORRIS TURNPIKE
 SHORT HILLS NJ 07078**

Mailing Address

**830 MORRIS TURNPIKE
 SHORT HILLS NJ 07078**

307520

2. Principal Place of Business

830 Morris Turnpike

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Short Hills, NJ

City & State

Short Hills, NJ

4. FEI Number

22-0781130

Applied For

Not Applicable

Zip

07078

Country

Essex

Zip

07078

Country

Essex

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**UNITED CORPORATE SERVICES, INC.
 9200 S. DADELAND BLVD.
 STE. 508
 MIAMI FL 33156**

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.

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, 2002 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 **DC** ☐ Delete
 NAME **WINDOLF, JOHN A.**
 STREET ADDRESS **FEATHERBED LN**
 CITY-ST-ZIP **NEW VERNON NJ 07976**

TITLE **S** ☐ Delete
 NAME **CRISPO, G. ALEXANDER**
 STREET ADDRESS **10 HARWOOD DRIVE**
 CITY-ST-ZIP **MADISON NJ 07940**

TITLE **VP** ☐ Delete
 NAME **COOK, DOUGLAS**
 STREET ADDRESS **96 FOREST WAY**
 CITY-ST-ZIP **ESSEX FELLS NJ 07021**

TITLE **V** ☐ Delete
 NAME **JENKINS, DONALD E**
 STREET ADDRESS **415 PLAZA DR**
 CITY-ST-ZIP **WOODBRIIDGE NJ 07095**

TITLE **T** ☐ Delete
 NAME **WETZEL, CHRISTOPHER H**
 STREET ADDRESS **6 DARLINGTON DR**
 CITY-ST-ZIP **ROCKAWAY NJ 07866**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P, D, C** ☒ Change ☐ Addition
 NAME **Windolf, John A.**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S, D** ☒ Change ☐ Addition
 NAME **G. Alexander Crispo**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V, D** ☒ Change ☐ Addition
 NAME **Douglas T. Cook**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T, D** ☒ Change ☐ Addition
 NAME **Christopher H. Wetzel**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **Leonard R. Cannarozzi**
 STREET ADDRESS **89 Summit Avenue**
 CITY-ST-ZIP **Freehold, NJ 07728**

TITLE **D** ☐ Change ☒ Addition
 NAME **Louis E. Lefevre**
 STREET ADDRESS **39-31 Bloomingdale Drive**
 CITY-ST-ZIP **Somerville, NJ 08876**

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

2/18/02 **973-467-8005 x107**
 Date Daytime Phone #

CR2E034 (9/01)