

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

7/9/

FILED
Aug 04, 2003 8:00 am
Secretary of State

07-09-2003 90032 049 ****70.00
08-04-2003 90144 007 ***480.00

DOCUMENT # F96000005107

1. Entity Name
PRUDENTIAL TIMBER INVESTMENTS, INC.



Principal Place of Business
FOUR COPLEY PLACE 6TH FL
BOSTON MA 02116

Mailing Address
PO BOX 890407
BOSTON MA 02199

2. Principal Place of Business
800 Boylston St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Boston MA

City & State

Zip
02199

Country

Zip

Country

4. FEI Number 04-3070429

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

FILE NOW!!! FEE IS \$550.00

After September 10, 2003, Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME LORD, JOHN M JR
STREET ADDRESS 109 CHESTNUT STREET
CITY-ST-ZIP WESTON MA 02193 ☐ Delete

TITLE C
NAME PETER-ECKERT
STREET ADDRESS Three Gateway Center - 15th Floor
CITY-ST-ZIP Newark NJ 07102 ☐ Change ☒ Addition

TITLE VACD
NAME CHARLES, DOUGLAS W
STREET ADDRESS 131 PARK DRIVE # 9
CITY-ST-ZIP BOSTON MA 02215 ☐ Delete

TITLE VP
NAME BARRY BEERS
STREET ADDRESS 1500 KLOVDIKE RD - SUITE A106
CITY-ST-ZIP CONYERS GA 30094 ☐ Change ☒ Addition

TITLE AS
NAME SHEA, JAMES
STREET ADDRESS 7 WENANOH AVE
CITY-ST-ZIP ROCKAWAY NJ 07868 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE CD
NAME WINOGRAD, BERNARD
STREET ADDRESS 189 OAK RIDGE AVE
CITY-ST-ZIP SUMMIT NJ 07901 ☒ Delete

TITLE CD
NAME Charles Lowrey
STREET ADDRESS 8 CAMBUS DRIVE
CITY-ST-ZIP PARSIPPANY NJ 07054 ☐ Change ☒ Addition

TITLE AS
NAME SHULEVITZ, DEBORAH G
STREET ADDRESS 924 W END AVE
CITY-ST-ZIP NEW YORK NY ☒ Delete

TITLE T
NAME C. EDWARD CHAPLIN
STREET ADDRESS 751 BROAD ST
CITY-ST-ZIP NEWARK NJ 07102 ☐ Change ☒ Addition

TITLE VPAS
NAME BLUM, FREDERICK W
STREET ADDRESS 8 AGAWAM AVE
CITY-ST-ZIP IPSWICH MA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Frederick W. Blum (Frederick W. Blum)

7/5/03

617-SBS-3535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)