

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 27, 2001 8:00 am**  
**Secretary of State**

06-27-2001 90290 018 \*\*\*550.00

**DOCUMENT # F97000001809**

1. Entity Name  
**PSEG GLOBAL USA INC.**

Principal Place of Business

**35 WATERVIEW BLVD  
 4TH FLOOR  
 PARSIPPANY NJ 07054**

Mailing Address

**35 WATERVIEW BLVD  
 4TH FLOOR  
 PARSIPPANY NJ 07054**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **22-2982989**

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

**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.

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 **DP** ☐ Delete  
 NAME **THOMSON, MICHAEL J**  
 STREET ADDRESS **1200 E. RIDGEWOOD AVE., 3RD FL., W. WING**  
 CITY-ST-ZIP **RIDGEWOOD NJ 07450**

TITLE ☒ Change ☐ Addition  
 NAME **35 Waterview Boulevard, 4th Floor**  
 STREET ADDRESS **Parsippany NJ 07054**  
 CITY-ST-ZIP

TITLE **D** ☒ Delete  
 NAME **CASSIDY, FRANK**  
 STREET ADDRESS **1200 E. RIDGEWOOD AVE., 3RD FL., W. WING**  
 CITY-ST-ZIP **RIDGEWOOD NJ 07450**

TITLE ☒ Change ☐ Addition  
 NAME **Vice President David G. Seabrook**  
 STREET ADDRESS **35 Waterview Boulevard 4th Floor**  
 CITY-ST-ZIP **Parsippany NJ 07054**

TITLE **D** ☒ Delete  
 NAME **KOEPPE, ALFERD C**  
 STREET ADDRESS **1200 E. RIDGEWOOD AVE., 3RD FL., W. WING**  
 CITY-ST-ZIP **RIDGEWOOD NJ 07450**

TITLE ☐ Change ☒ Addition  
 NAME **Assistant Secretary Rosa Alvarez**  
 STREET ADDRESS **35 Waterview Boulevard, 4th Floor**  
 CITY-ST-ZIP **Parsippany NJ 07054**

TITLE **D** ☐ Delete  
 NAME **DOUGHERTY, ROBERT J JR.**  
 STREET ADDRESS **1200 E. RIDGEWOOD AVE., 3RD FL., W. WING**  
 CITY-ST-ZIP **RIDGEWOOD NJ 07450**

TITLE ☒ Change ☐ Addition  
 NAME **80 Park Plaza, 74**  
 STREET ADDRESS **Newark, NJ 07101**  
 CITY-ST-ZIP

TITLE **D** ☒ Delete  
 NAME **FERLAND, E. JAMES**  
 STREET ADDRESS **1200 E. RIDGEWOOD AVE., 3RD FL., W. WING**  
 CITY-ST-ZIP **RIDGEWOOD NJ 07450**

TITLE ☐ Change ☒ Addition  
 NAME **Senior Vice President Andrea Bonime-Blanc**  
 STREET ADDRESS **35 Waterview Boulevard, 4th Floor**  
 CITY-ST-ZIP **Parsippany NJ 07054**

TITLE **AT** ☐ Delete  
 NAME **SITAR, PATRICIA**  
 STREET ADDRESS **1200 E. RIDGEWOOD AVE., 3RD FL., W. WING**  
 CITY-ST-ZIP **RIDGEWOOD NJ 07450**

TITLE ☒ Change ☐ Addition  
 NAME **VICE PRESIDENT**  
 STREET ADDRESS **35 Waterview Boulevard, 4th Floor**  
 CITY-ST-ZIP **Parsippany NJ 07054**

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: *Patricia Sitar*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/27/01  
 Date

973-541-6610  
 Daytime Phone #

CR2E034 (10/00)