

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000003084 (7)**

1. Corporation Name

PRINCETON INSURANCE COMPANY

Principal Place of Business

**746 ALEXANDER RD.
PRINCETON NJ 08540**

Mailing Address

**746 ALEXANDER RD.
PRINCETON NJ 08540**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/13/1997

4. FEI Number

22-2386692

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 owes or has paid the current year Intangible
Personal Property Tax due June 30

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300**

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 type for printed name of registered agent (and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	BROWN, BARRY D	
STREET ADDRESS	1901 CHAMPLAIN DR.	
CITY- ST- ZIP	VOORHEES NJ 08043	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SMITH, DONALD E	
STREET ADDRESS	746 ALEXANDER RD.	
CITY- ST- ZIP	PRINCETON NJ 08543-5322	
TITLE	C	<input type="checkbox"/> DELETE
NAME	MCLAUGHLIN, KEITH H	
STREET ADDRESS	530 NEW BRUNSWICK AVE.	
CITY- ST- ZIP	PERTH AMBOY NJ 08861	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PILLA, MARK D	
STREET ADDRESS	99 HWY. 37 WEST	
CITY- ST- ZIP	TOMS RIVER NJ 08755	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SCHAUB, RICHARD F	
STREET ADDRESS	134 LILAC DR.	
CITY- ST- ZIP	ANNANDALE NJ 08801	
TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	ATCHISON, KENNETH W	
STREET ADDRESS	1199 PLEASANT VALLEY WAY	
CITY- ST- ZIP	WEST ORANGE NJ 07052	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. 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 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

Donald Smith

CR2E034 (10/97)