

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90138 006 ***150.00

DOCUMENT # F98000000371

1. Corporation Name

ACTUARIAL SCIENCES ASSOCIATES, INC.



Principal Place of Business

270 DAVIDSON AVENUE
SOMERSET NJ 08873

Mailing Address

270 DAVIDSON AVENUE
SOMERSET NJ 08873

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/20/1998

4. FEI Number

22-2608561

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 the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME GULOTTA, MICHAEL J
STREET ADDRESS 270 DAVIDSON AVENUE, 7TH FLOOR
CITY-ST-ZIP SOMERSET NJ 08873

1.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition
1.2 NAME JOHN GISH J
1.3 STREET ADDRESS 270 Davidson Avenue 7th Floor
1.4 CITY-ST-ZIP Somerset NJ 08873

TITLE EVD ☒ DELETE
NAME MACEY, SCOTT J
STREET ADDRESS 270 DAVIDSON AVENUE, 7TH FLOOR
CITY-ST-ZIP SOMERSET NJ 08873

2.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition
2.2 NAME ELLEN A. HENNESSY
2.3 STREET ADDRESS 270 Davidson Avenue
2.4 CITY-ST-ZIP Somerset NJ 08873

TITLE V ☐ DELETE
NAME BECKER, FRANKLIN B
STREET ADDRESS 270 DAVIDSON AVENUE, 7TH FLOOR
CITY-ST-ZIP SOMERSET NJ 08873

3.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition
3.2 NAME James Hess
3.3 STREET ADDRESS 270 Davidson Avenue
3.4 CITY-ST-ZIP Somerset NJ 08873

TITLE V ☐ DELETE
NAME LANDSTROM, BEVERLY G
STREET ADDRESS 270 DAVIDSON AVENUE, 7TH FLOOR
CITY-ST-ZIP SOMERSET NJ 08873

4.1 TITLE Treasurer & Controller ☐ Change ☒ Addition
4.2 NAME Ronald J. Dolecki
4.3 STREET ADDRESS 270 Davidson Avenue 7th Floor
4.4 CITY-ST-ZIP Somerset NJ 08873

TITLE V ☐ DELETE
NAME BASU, KALYAN K
STREET ADDRESS 270 DAVIDSON AVENUE, 7TH FLOOR
CITY-ST-ZIP SOMERSET NJ 08873

5.1 TITLE Secretary ☐ Change ☒ Addition
5.2 NAME CLARIN S. Schwartz
5.3 STREET ADDRESS 270 Davidson Avenue 7th Floor
5.4 CITY-ST-ZIP Somerset NJ 08873

TITLE V ☐ DELETE
NAME BONE, CHRISTOPHER M
STREET ADDRESS 270 DAVIDSON AVENUE, 7TH FLOOR
CITY-ST-ZIP SOMERSET NJ 08873

6.1 TITLE Assistant Secretary ☐ Change ☒ Addition
6.2 NAME Karen A. Setcik
6.3 STREET ADDRESS 270 Davidson Avenue 7th Floor
6.4 CITY-ST-ZIP Somerset NJ 08873

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/99 (732) 302-2105

CR2E034 (1/98)