

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90002 048 ***150.00

DOCUMENT # F98000004863

1. Entity Name

PRINCETON SOFTECH, INC.

Principal Place of Business

Mailing Address

1060 STATE ROAD
 PRINCETON NJ 08540

1060 STATE ROAD
 PRINCETON NJ 08540-1423

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **22-2993371**

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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]*

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, 2000 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 ☐ Delete
 NAME **CP**
 STREET ADDRESS **ALLEGRA, JOSEPH A**
 CITY-ST-ZIP **14 PIN OAK DR. LAWRENCEVILLE NJ 08648**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **CASSESE, JOHN J**
 CITY-ST-ZIP **3 HINGHAM COURT MORRISTOWN NJ 07960**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MURPHY, WILLIAM J**
 CITY-ST-ZIP **184 ANDOVER DR. WAYNE NJ 07470**

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **CRAIG, DAVID**
 CITY-ST-ZIP **85 CANAL RUN WEST WASHINGTON CROSSING PA 18977**

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **HAISLIP, BRUCE**
 CITY-ST-ZIP **17 SALTERS FARM RD CALIFON NJ 07830**

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **COHEN, DONALD**
 CITY-ST-ZIP **19 HERSHEY RD E. BRUNSWICK NJ 07830**

TITLE ☐ Change ☐ Add

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

Date

Daytime Phone #