

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004863

1. Entity Name
PRINCETON SOFTECH, INC.

Principal Place of Business
1060 STATE ROAD
PRINCETON NJ 08540

Mailing Address
1060 STATE ROAD
PRINCETON NJ 08540

2. Principal Place of Business

3. Mailing Address

Princeton Softech, Inc
111 Campus Drive
Princeton, NJ 08540

Princeton Softech, Inc
111 Campus Drive
Princeton, NJ 08540

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90079 043 ***150.00



DO NOT WRITE IN THIS SPACE

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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

TITLE	CP	<input checked="" type="checkbox"/> Delete
NAME	ALLEGRA, JOSEPH A	
STREET ADDRESS	14 PIN OAK DR.	
CITY-ST-ZIP	LAWRENCEVILLE NJ 08648	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASSESE, JOHN J	
STREET ADDRESS	3 HINGHAM COURT	
CITY-ST-ZIP	MORRISTOWN NJ 07960	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURPHY, WILLIAM J	
STREET ADDRESS	184 ANDOVER DR.	
CITY-ST-ZIP	WAYNE NJ 07470	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CRAIG, DAVID	
STREET ADDRESS	85 CANAL RUN WEST	
CITY-ST-ZIP	WASHINGTON CROSSING PA 18977	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HAISLIP, BRUCE	
STREET ADDRESS	17 SALTERS FARM RD	
CITY-ST-ZIP	CALIFON NJ 07830	
TITLE	T	<input type="checkbox"/> Delete
NAME	COHEN, DONALD	
STREET ADDRESS	19 HERSHEY RD	
CITY-ST-ZIP	E. BRUNSWICK NJ 07830	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LISA CASH	
STREET ADDRESS	5 POINSETT DR	
CITY-ST-ZIP	LAWRENCEVILLE, NJ 08648	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D.S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOUIS S. DESIDERIO	
STREET ADDRESS	2099 DAWN LANE	
CITY-ST-ZIP	NEWTON, PA 18940	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

4/18/01
Date

609-627-5500
Daytime Phone #

CR2E034 (10/00)

0574102