

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 30, 2002 8:00 am**  
**Secretary of State**

09-30-2002 90179 023 \*\*\*750.00

**DOCUMENT # F98000004863**

1. Entity Name

PRINCETON SOFTECH, INC.

Principal Place of Business

PRINCETON SOFTECH, INC.  
 111 CAMPUS DRIVE  
 PRINCETON NJ 08540

Mailing Address

PRINCETON SOFTECH, INC.  
 111 CAMPUS DRIVE  
 PRINCETON NJ 08540



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

49 OLD BLOOMFIELD AVE

Suite, Apt. #, etc.

C/O CHC

3. Mailing Address

49 OLD BLOOMFIELD AVE

Suite, Apt. #, etc.

C/O CHC

City & State

MOUNTAIN LAKE, NJ

City & State

MOUNTAIN LAKE, NJ

Zip

07046

Country

USA

Zip

07046

Country

USA

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	P CASH, LISA 5 POISETT DR LAWRENCEVILLE NJ 08648 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASSESE, JOHN J 3 HINGHAM COURT MORRISTOWN NJ 07960 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MURPHY, WILLIAM J 184 ANDOVER DR. WAYNE NJ 07470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3 QUIMBY LANE MENDHAM NJ 07945 DVS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DESIDERIO, LOUIS J 2099 DAWN LANE NEWTOWN PA 18940 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COHEN, DONALD 19 HERSHEY RD E. BRUNSWICK NJ 07830 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

9/24/02

Date

973.299.4000

Daytime Phone #

CR2E034 (4/02)