

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

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99 JUL 19 PM 2:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1

**PROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # F98000005156**

1. Corporation Name

Professional Detailing Network, Inc.

Principal Place of Business

Mailing Address

1009 Lenox Drive, Bldg. IV, S-103  
Lawrence, NJ 08648

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

September 14, 1998

4. FEI Number

22-2838757

Applied For

Not Applicable

5. Certificate of Status Desired  XSE

\$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 N/A

21. Principal Place of Business 1009 Lenox Drive, Bldg IV Suits, Apt. #, etc. S-103 City & State Lawrenceville, NJ Zip 08648	22. Mailing Address 41 Madison Ave Sulte, Apt. #, etc. 31st Floor City & State New York, NY Zip 10010
23. Country USA	24. Country USA

9. Name and Address of Current Registered Agent

Corporation Service Company  
1201 Hays Street  
Tallahassee, FL 32301-2525

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 Director and Vice President <input type="checkbox"/> DELETE	1.1 TITLE Director, CEO, Chairman of the Board	1.1 TITLE Director, CEO, Chairman of the Board	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Thomas A. Moore	1.2 NAME Wayne K. Nelson	1.2 NAME Wayne K. Nelson	
STREET ADDRESS 41 Madison Avenue	1.3 STREET ADDRESS 41 Madison Avenue	1.3 STREET ADDRESS 41 Madison Avenue	
CITY-ST-ZIP New York, New York 10010	1.4 CITY-ST-ZIP New York, New York 10010	1.4 CITY-ST-ZIP New York, New York 10010	
TITLE Chairman of the Board <input type="checkbox"/> DELETE	2.1 TITLE Secretary	2.1 TITLE Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Wayne K. Nelson	2.2 NAME Thomas A. Moore	2.2 NAME Thomas A. Moore	
STREET ADDRESS 41 Madison Avenue	2.3 STREET ADDRESS 41 Madison Avenue	2.3 STREET ADDRESS 41 Madison Avenue	
CITY-ST-ZIP New York, New York 10010	2.4 CITY-ST-ZIP New York, New York 10010	2.4 CITY-ST-ZIP New York, New York 10010	
TITLE President <input checked="" type="checkbox"/> DELETE	3.1 TITLE President	3.1 TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Judith A. Salaba	3.2 NAME Douglas Everson	3.2 NAME Douglas Everson	
STREET ADDRESS 41 Madison Avenue	3.3 STREET ADDRESS 1009 Lenox Drive	3.3 STREET ADDRESS 1009 Lenox Drive	
CITY-ST-ZIP New York, New York 10010	3.4 CITY-ST-ZIP Lawrenceville, NJ 08648	3.4 CITY-ST-ZIP Lawrenceville, NJ 08648	
TITLE Secretary and Treasurer <input type="checkbox"/> DELETE	4.1 TITLE EVP, CFO, Secretary and Treasurer	4.1 TITLE EVP, CFO, Secretary and Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Peter Law-Gisiko	4.2 NAME Peter Law-Gisiko	4.2 NAME Peter Law-Gisiko	
STREET ADDRESS 41 Madison Avenue	4.3 STREET ADDRESS 41 Madison Avenue	4.3 STREET ADDRESS 41 Madison Avenue	
CITY-ST-ZIP New York, New York 10010	4.4 CITY-ST-ZIP New York, New York 10010	4.4 CITY-ST-ZIP New York, New York 10010	
TITLE <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <input type="checkbox"/> DELETE	5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <input type="checkbox"/> DELETE	5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <input type="checkbox"/> DELETE	6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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CITY-ST-ZIP <input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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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:

*Peter Law-Gisiko*  
Peter Law-Gisiko Executive Vice President

7/14/99

212.687.9400

Daytime Phone



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ACCOUNT NO. : 072100000032  
 REFERENCE : 310496 4301770  
 AUTHORIZATION : *Patricia Pizutto*  
 COST LIMIT : \$ 558.75

ORDER DATE : July 16, 1999  
 ORDER TIME : 10:52 AM  
 ORDER NO. : 310496-005  
 CUSTOMER NO: 4301770

CUSTOMER: Mr. Darren I. Coggins  
 Patterson, Belknap, Webb &  
 1133 Avenue Of The Americas  
 23rd Floor  
 New York, NY 10036-6710

99 JUL 16 11:53

ANNUAL REPORT FILING

NAME: PROFESSIONAL DETAILING  
 NETWORK, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS: \_\_\_\_\_