

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90064 046 \*\*\*150.00

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**DOCUMENT # F98000005974**

1. Entity Name  
**ALLSTATE MANAGEMENT CORP.**



Principal Place of Business  
**4300 HADDONFIELD RD., STE. 314  
PENNSAUKEN NJ 08109**

Mailing Address  
**4300 HADDONFIELD RD., STE. 314  
PENNSAUKEN NJ 08109**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**22-2194844**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MUNROE, W. BRADLEY ESQ.  
239 E. VIRGINIA ST.  
TALLAHASSEE FL 32301**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME **CDP LOVE, DONALD N.** ☐ Delete  
STREET ADDRESS **1909 COUNTRY CLUB DR.**  
CITY-ST-ZIP **CHERRY HILL NJ 08003**

TITLE  
NAME **CDP Love, Donald N.** ☒ Change ☐ Addition  
STREET ADDRESS **1141 Barbara Drive**  
CITY-ST-ZIP **Cherry Hill, NJ 08003**

TITLE  
NAME **VD ZALKIND, STEVEN** ☐ Delete  
STREET ADDRESS **201 MT. LAUREL RD.**  
CITY-ST-ZIP **MOORESTOWN NJ 08057**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **S ROSE, CHARLINE** ☐ Delete  
STREET ADDRESS **10 AARON CT.**  
CITY-ST-ZIP **CHERRY HILL NJ 08002**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **T BORUCKI, STANLEY E** ☐ Delete  
STREET ADDRESS **18 CAROL JOY RD.**  
CITY-ST-ZIP **MEDFORD NJ 08055**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

*Stanley E. Borucki* 4/1/03

856-662-1176

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034(10/02)