

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000959

1. Entity Name

PRINCETON INFORMATION LTD, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90098 013 ***150.00

Principal Place of Business

Mailing Address

TWO PENN PLAZA - SUITE #1100
NEW YORK NY 10121 - 0001

TWO PENN PLAZA - SUITE #1100
NEW YORK NY 10121 - 0001

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE #1100

Suite, Apt. #, etc.

SUITE #1100

City & State

City & State

4. FEI Number

13-3247817

Applied For

Not Applicable

Zip

-0001

Country

USA

Zip

-0001

Country

USA

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PCTD
MARCUS, NOEL
TWO PENN PLAZA, STE 1100
NEW YORK NY

☐ Delete

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

TITLE
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S
MARCUS, NATALIE
TWO PENN PLAZA, STE 1100
NEW YORK NY

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☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/6/2000

Daytime Phone #

212-563-5030

CR2E034 (9/99)