

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2002 8:00 am
Secretary of State

06-05-2002 90419 008 ****50.00

DOCUMENT # L98000002351

1. Entity Name
HEP-2-COL, L.C.

Principal Place of Business
**C/O PAMG-RE LAW DEPARTMENT
8 CAMPUS DRIVE, 4TH FLOOR, ARBOR CIRCLE S
PARSIPPANY NJ 07054-4493**

Mailing Address
**C/O PAMG-RE LAW DEPARTMENT
8 CAMPUS DRIVE, 4TH FLOOR, ARBOR CIRCLE S
PARSIPPANY NJ 07054-4493**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3542006**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM THE PRUDENTIAL INSURANCE COMPANY OF AMERIC 8 CAMPUS DR 4TH FL PARSIPPANY NJ 07054	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *David Bradford, V.P.* **5/29/02 973-683-1638**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)