

## 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90309 034 \*\*\*150.00

DOCUMENT # M95651 (9)

1. Entity Name

**BRIDGEWATER ASSOCIATES, INC.**

Principal Place of Business % C T Corporation System 1200 S. Pine Island Rd. Plantation, FL 33324 USA	Mailing Address % C T Corporation System 1200 S. Pine Island Rd. Plantation, FL 33324 USA
---	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State
Zip	Country

4. FEI Number <b>22-2917158</b>	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

DO NOT WRITE IN THIS SPACE

C0090787

**6. Name and Address of Current Registered Agent**  
**The Prentice-Hall Corporation Systems, Inc.**  
**1201 Hays Street**  
**Suite 105**  
**Tallahassee, FL 32301**

**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

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**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <b>*Additional List of Officers and Directors is attached.</b>
--	---

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <b>VP Nee, T. M. Five Giralda Farms Madison, NJ 07940</b>
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <b>S Emerling, C. G. Five Giralda Farms Madison, NJ 07940</b>
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <b>AT Samuel, C. M. Five Giralda Farms Madison, NJ 07940</b>
--	---

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <b>D Stafford, J. R. Five Giralda Farms Madison, NJ 07940</b>
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete <b>D Blount, R. G. Five Giralda Farms Madison, NJ 07940</b>
--	---

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P Stafford, J. R. Five Giralda Farms Madison, NJ 07940</b>
--	---

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	---

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>S Lach, E. M. Five Giralda Farms Madison, NJ 07940</b>
--	---

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"/> Change <input type="checkbox"/> Addition
--	---

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D Martin, K. J. Five Giralda Farms Madison, NJ 07940</b>
--	---

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: 

C. M. Samuel, Asst. Treasurer 4/24/00

973-660-5087

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

#  
1195651

**BRIDGEWATER ASSOCIATES, INC.**

C0090787

**DIRECTORS:**

John R. Stafford

Kenneth J. Martin

Louis L. Hoynes, Jr.

**OFFICERS:**

John R. Stafford  
President

Five Giralda Farms  
Madison, NJ 07940

John R. Considine  
Vice President

Five Giralda Farms  
Madison, NJ 07940

Thomas M. Nee  
Vice President

Five Giralda Farms  
Madison, NJ 07940

Jack M. O'Connor  
Treasurer

Five Giralda Farms  
Madison, NJ 07940

Eileen M. Lach  
Secretary

Five Giralda Farms  
Madison, NJ 07940

Charles M. Samuel  
Assistant Treasurer

Five Giralda Farms  
Madison, NJ 07940

William P. Kelly  
Assistant Secretary

Five Giralda Farms  
Madison, NJ 07940