

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90348 032 ***150.00

DOCUMENT # M95651 (9)

1. Entity Name

BRIDGEWATER ASSOCIATES, INC.

Principal Place of Business

Mailing Address

**C/O CT Corporation System
 1200 S. Pine Island Road
 Plantation, FL 33324
 USA**

2. Principal Place of Business

3. Mailing Address

Five Giralda Farms

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Tax Department - 3DA

City & State

City & State

Madison, NJ 07940

4. FEI Number

22-2917158

Applied For

Not Applicable

Zip

Country

Zip

Country

07940

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

768619

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**The Prentice-Hall Corporation Systems, Inc.
 1201 Hays Street
 Suite 105
 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.

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	Stafford, J. R.	
STREET ADDRESS	Five Giralda Farms	
CITY - ST - ZIP	Madison, NJ 07940	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Nee, T. M.	
STREET ADDRESS	Five Giralda Farms	
CITY - ST - ZIP	Madison, NJ 07940	
TITLE	S	<input type="checkbox"/> Delete
NAME	Lach, E. M.	
STREET ADDRESS	Five Giralda Farms	
CITY - ST - ZIP	Madison, NJ 07940	
TITLE	AT	<input type="checkbox"/> Delete
NAME	Samuel, C. M.	
STREET ADDRESS	Five Giralda Farms	
CITY - ST - ZIP	Madison, NJ 07940	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Stafford, J. R.	
STREET ADDRESS	Five Giralda Farms	
CITY - ST - ZIP	Madison, NJ 07940	
TITLE	D	<input type="checkbox"/> Delete
NAME	Martin, K. J.	
STREET ADDRESS	Five Giralda Farms	
CITY - ST - ZIP	Madison, NJ 07940	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	VPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'Connor, J. M.	
STREET ADDRESS	Five Giralda Farms	
CITY - ST - ZIP	Madison, NJ 07940	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C.M. Samuel, Assistant Treasurer **04/20/01** **(973) 660-5000**

Date

Daytime Phone #