

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90136 048 ***158.75

DOCUMENT # P11698

1. Entity Name

TOTAL RESEARCH CORPORATION

Principal Place of Business

**PRINCETON CORPORATE CENTER
 5 INDEPENDENCE WAY
 PRINCETON NJ 08543**

Mailing Address

**PRINCETON CORPORATE CENTER
 5 INDEPENDENCE WAY
 PRINCETON NJ 08543**

00040733



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

22-2072212

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**LAU, CYNTHIA
 TOTAL RESEARCH CORPORATION
 5130 EISENHOWER BLVD., STE. 210
 TAMPA FL 33634**

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

2/7/01

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	ANGRISANI, AL	
STREET ADDRESS	5 GALLUP ROAD	
CITY-ST-ZIP	PRINCETON NJ 08540	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHRAWDER, J. EDWARD	
STREET ADDRESS	KENT RESEARCH, 1716 LIVINGSTON ST.	
CITY-ST-ZIP	EVANSTON IL 60201	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZISSMAN, LORIN	
STREET ADDRESS	12 ANGELICA COURT	
CITY-ST-ZIP	PRINCETON NJ 08540	
TITLE	C	<input type="checkbox"/> Delete
NAME	BRODSKY, DAVID	
STREET ADDRESS	259 CLARKE AVENUE	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	<input type="checkbox"/> Delete
NAME	LINDEMANN, GEORGE	
STREET ADDRESS	767 5TH AVENUE, 50TH FLOOR	
CITY-ST-ZIP	NEW YORK CITY NY 10153	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHECTER, HOWARD	
STREET ADDRESS	C/O MORGAN LEWIS BOCKIUS, 1701 MARKET ST.	
CITY-ST-ZIP	PHILADELPHIA PA 19103	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FREEMAN, JONAS P	
STREET ADDRESS	% Emerging Growth Equities	
CITY-ST-ZIP	1150 First Ave, Suite 600	
	Kingsessing PA 19406	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GILLES, JANE B.	
STREET ADDRESS	% TOTAL RESEARCH CORP	
CITY-ST-ZIP	5 INDEPENDENCE WAY, PRINCETON NJ 08543	
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		

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

Date

2/9/01

Daytime Phone #

609 9192437

CR2E034 (10/00)