2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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1. Entity Name
JANSSEN FINANCE COMPANY

Principal Place of Business	Mailing Address
4500 SALISBURY ROAD SUITE 502 JACKSONVILLE FL 32216	4500 SALISBURY ROAD SUITE 502 JACKSONVILLE FL 32216

00-01 UBR DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8016 Bowdendale Avenue	7500 CENTURION PKWY
Suite, Apt. #, etc.: Suite C	Suite, Apt. #, etc.: STE 100
City & State: JACKSONVILLE, FL	City & State: JACKSONVILLE, FL
Zip: 32216 Country: USA	Zip: 32256 Country: USA

4. FEI Number 65-0375169 ☐ Applied For ☐ Not Applicable

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
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FLORIDA 33324	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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS MEEK, G R 7500 CENTURION PKWY STE 100 JACKSONVILLE FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CHESTER, M C 1125 TRENTON HARBOURTON Titusville NJ 08560	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P NORTON, D Y 1125 TRENTON-HARBOURTON RD TITUSVILLE, N J 08560	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS Rosenberg, S M ONE JOHNSON & JOHNSON PLAZA NEW BRUNSWICK, NJ 08933	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WARREN, L A ONE JOHNSON & JOHNSON PLAZA NEW BRUNSWICK, N J 08933	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS ULLMANN, M ONE JOHNSON & JOHNSON PLAZA NEW BRUNSWICK, NJ 08933	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS STERN, S ONE JOHNSON & JOHNSON PLAZA NEW BRUNSWICK, N J 08933	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS ZOCCA, R L ONE JOHNSON & JOHNSON PLAZA NEW BRUNSWICK, NJ 08933	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS HILTON, J R ONE JOHNSON & JOHNSON PLAZA NEW BRUNSWICK, N J 08933	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT SZABO, J 1125 TRENTON-HARBOURTON RD TITUSVILLE, N J 08560	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/00)

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: _____ 8/1/01 (904) 443-1054
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #