

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90066 004 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # P92000010865</b>			
<b>1. Entity Name</b> JANSSEN FINANCE COMPANY			
<b>Principal Place of Business</b> 8016 BOWDENDALE AVENUE SUITE C JACKSONVILLE FL 32216		<b>Mailing Address</b> 7500 CENTURION PKWY STE 100 JACKSONVILLE FL 32256	
<b>2. Principal Place of Business</b> 6018 Bowdendale Avenue Suite, Apt. #, etc.		<b>3. Mailing Address</b> Suite, Apt. #, etc.	
<b>City &amp; State</b>		<b>City &amp; State</b>	
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>
<b>6. Name and Address of Current Registered Agent</b>  CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
<b>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.</b>			
<b>SIGNATURE</b> _____ <b>DATE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/> (See criteria on back)		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
		<b>10. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.	
<b>11. OFFICERS AND DIRECTORS</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> AS <input checked="" type="checkbox"/> Delete <b>NAME</b> MEEK, G R <b>STREET ADDRESS</b> 7500 CENTURION PKWY STE 100 <b>CITY-ST-ZIP</b> JACKSONVILLE FL 32256	<b>TITLE</b> AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>NAME</b> Faith Adee <b>STREET ADDRESS</b> 7500 Centurion Pkwy. <b>CITY-ST-ZIP</b> STE 100 Jacksonville, FL 32256		
<b>TITLE</b> P <input type="checkbox"/> Delete <b>NAME</b> NORTON, D Y <b>STREET ADDRESS</b> 1125 TRENTON-HARBOURTON RD <b>CITY-ST-ZIP</b> TITUSVILLE NJ 08560	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> Please see attached list. <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		
<b>TITLE</b> V <input type="checkbox"/> Delete <b>NAME</b> CHESTER, M C <b>STREET ADDRESS</b> 1125 TRENTON HARBOURTON <b>CITY-ST-ZIP</b> TITUSVILLE NJ 08560	<b>TITLE</b> S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> Chester, M C <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		
<b>TITLE</b> AS <input type="checkbox"/> Delete <b>NAME</b> ROSENBERG, S M <b>STREET ADDRESS</b> ONE JOHNSON & JOHNSON PLAZA <b>CITY-ST-ZIP</b> NEW BRUNSWICK NJ 08933	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		
<b>TITLE</b> AS <input type="checkbox"/> Delete <b>NAME</b> HILTON, J R <b>STREET ADDRESS</b> ONE JOHNSON & JOHNSON PLAZA <b>CITY-ST-ZIP</b> NEW BRUNSWICK NJ 08933	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		
<b>TITLE</b> VT <input type="checkbox"/> Delete <b>NAME</b> SZABO, J <b>STREET ADDRESS</b> 1125 TRENTON-HARBOURTON RD <b>CITY-ST-ZIP</b> TITUSVILLE NJ 08560	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		
<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.</b>			

**SIGNATURE:** *Faith Adee* **FAITH ADEE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 2002 904-443-3500  
Date Daytime Phone #

CR2E034 (9/01)

Attachment # Officers

432847  
PQ000 d0865

<u>Last Name</u>	<u>First</u>	<u>MI</u>	<u>Title</u>	<u>Date Elected</u>	<u>Status</u>	<u>Date Withdrawn</u>
<u>Janssen Finance Company</u>						
S Norton	D	Y	President	11/02/1998	Active	
Mehrotra	L		Vice President, Finance	06/01/2001	Active	
Mehrotra	L		Treasurer	06/01/2001	Active	
Chester	M	C	Secretary	10/07/1999	Active	
Adee	F		Assistant Secretary	02/01/2002	Active	
Hilton	J	R	Assistant Secretary	10/01/1996	Active	
Rosenberg	S	M	Assistant Secretary	10/01/1996	Active	
Ullmann	M	H	Assistant Secretary	10/01/1996	Active	
Zocca	R	L	Assistant Secretary	10/01/1996	Active	

*Attachment*  
Board of Directors

432847  
892000010865

<u>Last Name</u>	<u>First</u>	<u>MI</u>	<u>Date Elected</u>	<u>Status</u>	<u>Date Withdrawn</u>
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Janssen Finance Company

Chester	M	C	10/07/1999	Active	
Gorsky	A		10/08/2001	Active	