

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91152 010 ***150.00

DOCUMENT # 832320
1. Entity Name
PWJC INSURANCE SALES INCORPORATED



Principal Place of Business
1000 HARBOR BLVD.
TAX DEPT 7TH FLR.
WEEHAWKEN, NJ 07086

Mailing Address
1000 HARBOR BLVD.
TAX DEPT 7TH FLR.
WEEHAWKEN, NJ 07086

11040641



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
800 Harbor Blvd
Suite, Apt. #, etc.
Tax Dept 1st Floor
City & State
Weehawken, NJ
Zip
07086
Country
USA

3. Mailing Address
800 Harbor Blvd
Suite, Apt. #, etc.
Tax Dept 1st Floor
City & State
Weehawken, NJ
Zip
07086
Country
USA

4. FEI Number
51-0120742
Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

B. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEDRITIS, ROBERT E 1000 HARBOR BLVD. WEEHAWKEN, NJ 07087	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BANYAI, GERALDINE 1000 HARBOR BLVD. WEEHAWKEN, NJ 07087	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PANZA, ROBERT 1000 HARBOR BLVD. WEEHAWKEN, NJ	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MEESE, PAUL 1000 HARBOR BLVD. WEEHAWKEN, NJ 07087	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT LEVINE, KEN 1000 HARBOR BLVD. WEEHAWKEN, NJ	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAS NOLAN, WILLIAM J 1000 HARBOR BLVD. WEEHAWKEN, NJ	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President John Mulhall 800 Harbor Blvd Weehawken, NJ 07086	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800 Harbor Blvd	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Treasurer Lou Devico 800 Harbor Blvd Weehawken, NJ 07086	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Angela Bidlack 800 Harbor Blvd Weehawken, NJ 07086	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800 Harbor Blvd	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer & Assistant Sec Robert Chersi 800 Harbor Blvd Weehawken, NJ 07086	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 201-352-0559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Case Daytime Phone #

CFR2034 (10/02)