

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 16, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # F99000001811**

1. Entity Name  
 THE HILLIER GROUP ARCHITECTURE, NEW JERSEY, INC.

Principal Place of Business  
 % DAVID ERIK CHASE  
 500 ALEXANDER PARK CN 23  
 PRINCETON NJ 08543

Mailing Address  
 % DAVID ERIK CHASE  
 500 ALEXANDER PARK CN 23  
 PRINCETON NJ 08543

2. Principal Place of Business  
 % DAVID ERIK CHASE  
 Suite, Apt. #, etc.  
 500 ALEXANDER PARK CN 23

3. Mailing Address  
 % DAVID ERIK CHASE  
 Suite, Apt. #, etc.  
 500 ALEXANDER PARK CN 23

City & State  
 PRINCETON NJ

City & State  
 PRINCETON NJ

4. FEI Number  
**22-3622595**  
 Applied For  
 Not Applicable

Zip Country  
 08543 US

Zip Country  
 08543 US

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
 CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 323012525 US

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 \_\_\_\_\_ DATE **03/16/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D ETZ LOIS K 500 ALEXANDER PARK CN 23 PRINCETON NJ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GEIER GERARD FII 500 ALEXANDER PARK CN 23 PRINCETON NJ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHASE DAVID E 500 ALEXANDER PARK CN 23 PRINCETON NJ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CHIMACOFF ALAN 500 ALEXANDER PARK CN 23 PRINCETON NJ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HILLIER J R 500 ALEXANDER PARK CN 23 PRINCETON NJ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ETZ LOIS K 500 ALEXANDER PARK CN 23 PRINCETON NJ 08543 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GEIER GERARD FII 275 SEVENTH AVENUE NEW YORK NY 10001 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHASE DAVID E 500 ALEXANDER PARK CN 23 PRINCETON NJ 08543 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CHIMACOFF ALAN 500 ALEXANDER PARK CN 23 PRINCETON NJ 08543 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HILLIER J R 500 ALEXANDER PARK CN 23 PRINCETON NJ 08543 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: LOIS.K. ETZ D 03/16/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)