

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 17, 2002 8:00 am**  
**Secretary of State**

02-17-2002 90019 016 \*\*\*158.75

US/4094Z AI

**DOCUMENT # F99000004621**

1. Entity Name  
**CALL SCIENCES, INC.**

Principal Place of Business  
**379 THORNALL STREET, SUITE 1100**  
**EDISON NJ 08837**

Mailing Address  
**379 THORNALL STREET, SUITE 1100**  
**EDISON NJ 08837**

**DU025835**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **22-3277747**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

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)

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, 2002 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 **P**  Delete  
 NAME **MCCOY, MICHAEL**  
 STREET ADDRESS **481 JAMES WAY**  
 CITY-ST-ZIP **WYCKOTT NJ 07481**

TITLE **President**  Change  Addition  
 NAME **Michael McCoy** **new address**  
 STREET ADDRESS **660 High Mt. Road**  
 CITY-ST-ZIP **Franklin Lakes, NJ 07417**

TITLE **V**  Delete  
 NAME **HEMMEN, ROBERT**  
 STREET ADDRESS **29 DALE AVENUE**  
 CITY-ST-ZIP **ALLEDALE NJ 07401**

TITLE **Director**  Change  Addition  
 NAME **Michael McCoy**  
 STREET ADDRESS **660 High Mt. Road**  
 CITY-ST-ZIP **Franklin Lakes, NJ 07417**

TITLE **ST**  Delete  
 NAME **MALHEWS, RAJAN**  
 STREET ADDRESS **3 BUCKINGHAM DRIVE**  
 CITY-ST-ZIP **PRINCETON NJ 08540**

TITLE **ST**  Change  Addition  
 NAME **Rajan mathews** **spelling of name**  
 STREET ADDRESS **3 Buckingham Drive**  
 CITY-ST-ZIP **Princeton, NJ 08540**

TITLE **CD**  Delete  
 NAME **CHATTERJEE, PURNENDU**  
 STREET ADDRESS **320 CENTRAL PARK WEST, APT. 19-A**  
 CITY-ST-ZIP **NEW YORK NY 10025**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **ADVANI, DILIP**  
 STREET ADDRESS **167TH EAST 61ST STREET**  
 CITY-ST-ZIP **NEW YORK NY 10021**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **CHATTERJEE, PALLAB**  
 STREET ADDRESS **5805 GLEN HEATHER**  
 CITY-ST-ZIP **DALLAS TX 75252**

TITLE  Change  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: *Rajan Mathews* Rajan mathews 1/15/02 732-632-4500  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E034 (9/01)