

UP-1  
08-06  
Phone (609) 292-9200  
Fax (609) 984-0593

State of New Jersey  
Department of the Treasury  
Unclaimed Property  
P.O. Box 214  
Trenton, New Jersey 08695-0214

**UNCLAIMED PROPERTY REPORT-HOLDER INFORMATION**

Property Abandoned as of : June 30, \_\_\_\_\_ Holder ID # \_\_\_\_\_  
December 31, \_\_\_\_\_ Holder Federal ID #: \_\_\_\_\_

Business Code: \_\_\_\_\_ Agent Name \_\_\_\_\_

**Holder Name & Mailing Address**

Report Contact: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax number: \_\_\_\_\_

State of Incorporation: \_\_\_\_\_

Date of Incorporation: \_\_\_\_\_

Contact Mailing Address: \_\_\_\_\_

Report Contact E-mail Address: \_\_\_\_\_

If this report includes property held by subsidiary companies, attach a list of the names and Federal Tax ID numbers of those companies. \_\_\_\_\_

List the name(s) and Federal Tax ID number(s) of all previous holders of property if you are a successor. If you have changed your name during the time in which you held the property, list the prior name(s) and Federal Tax ID Number(s):

Electronic Media \_\_\_\_\_ Paper Report UP-2 \_\_\_\_\_ (20 properties or less)

<b>REPORT TOTAL</b>				<b>NUMBER OF</b>
<b>CASH</b>	<b>SECURITIES</b>	<b>NUMBER OF ITEMS</b>		<b>PAGES/MEDIA</b>
\$ _____	_____	_____	_____	_____

Make checks payable to "Treasurer, State of New Jersey". Securities registered in the nominee name: **Neary Penco**

If you are reporting securities, please fill this section out completely.

Are All Splits Included: Yes \_\_\_\_\_ No \_\_\_\_\_ Dates \_\_\_\_\_  
Explanation: \_\_\_\_\_

Are All Spinoffs Included: Yes \_\_\_\_\_ No \_\_\_\_\_ Dates \_\_\_\_\_  
Explanation: \_\_\_\_\_

Is the issue remitted the same as the issue in the owner's possession? Yes \_\_\_\_\_ No \_\_\_\_\_

**CERTIFICATION:**

I hereby certify that this report was prepared on \_\_\_\_\_ and is a true and accurate statement of all unclaimed property held as of the close of the report cycle, updated for appropriate interest/income/dividends to the date of this report. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment according to the law.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Report Status: \_\_\_\_\_ Cash Remitted: \$ \_\_\_\_\_ Securities Remitted: \_\_\_\_\_

Receipt IDs \_\_\_\_\_ Stock ID #s: \_\_\_\_\_

Report ID: \_\_\_\_\_ Date: \_\_\_\_\_ Employee: \_\_\_\_\_

Owners Added Date: \_\_\_\_\_ Employee: \_\_\_\_\_ Cleared Date: \_\_\_\_\_ Employee: \_\_\_\_\_