FORM D



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

71	2	>	7/	/

OMB APPROVAL

OMB Number:

3235-0076

Expires: May 31, 2005

Estimated average burden

hours per response.....16.00

_	SEC USE	ONLY							
Prefix			Serial						
DATE RECEIVED									

Name of Offering	A. BASIC IDENTIFICATION DATA  Inter the information requested about the issuer.  e of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Inter Bancorp, Inc.  Inter B						
Center Bancorp, Inc.	nter Bancorp, Inc.  Ing Under (Check box(es) that apply):		J. J. Carlo				
Filing Under (Check box(es) the	nat apply):	☐ Rule 504	☐ Rule 505		☐ Section 4(6)	RECLIVED	
Type of Filing:	lew Filing ☐ Am	endment				The state of the s	
		A. BASIC	IDENTIFICAT	ON DATA		ACT LA SORE A TYPE	
1. Enter the information reque	sted about the issuer.				11	00 - 1 - 2 - 200 - 7 /	
Name of Issuer	( Check if this is an	amendment and na	me has changed,	and indicate chang	e.) //		
Center Bancorp, Inc.						470 (6)	
Address of Executive Offices	(Number and Stree	t, City, State, Zip Co	ode)	•	Telephone Number (I	ncluding Area Code	
2455 Morris Avenue, U	nion, New Jersey	/ 07083-0007			908	3-688 <b>-</b> 9500 /	
Address of Principal Business	Operations (Number	and Street, City, Sta	ate, Zip Code)	COURCE CONTR	jelephone Number (li	ncluding Area/Code)	
			, , ,		V		
Brief Description of Business				<b>ግ</b> ብ መ ማጠጣሌ	a		
Bank holding company	/		<b>U</b>				
Type of Business Organization  ☑ corporation ☐ business trust	☐ limited pa		ormed F	HOWSCHOther	(please specify):		
Actual or Estimated Date of In Jurisdiction of Incorporation or		two-letter U.S. Post	al Service abbrevi	1 8 2 ation for State:		☐ Estimated	
		CIN for C	anada; FN for oth	er foreign jurisdictio	n)   <b>N</b>   <b>J</b>		

#### **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United Stated registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6-02)



	<del></del>	A : DAOIO IDENTIE	OATION DATA	<del></del>	
		A. BASIC IDENTIF	ICATION DATA		
<ul> <li>Each beneficial ov of equity securities</li> <li>Each executive of partnership issuer</li> </ul>	the issuer, if the wner having the part of the issuer; ficer and directos; and	issuer has been organi	e, or direct the vote or	disposition of,	, 10% or more of a class
Check Box(es) that Apply:		☐ Beneficial Owner	⊠Executive Officer	⊠Director	☐ General and/or Managing Partner
Full Name (Last name first, Davis, John J.	if individual)				
Business or Residence Add 2455 Morris Avenue, Unio			Zip Code)	•	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	⊠Executive Officer	□Director	☐ General and/or Managing Partner
Full Name (Last name first, Weagley, Anthony C.	if individual)				
Business or Residence Add 2455 Morris Avenue, Unio			Zip Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	⊠Executive Officer	□Director	□General and/or Managing Partner
Full Name (Last name first, McGowan, John F.	if individual)				
Business or Residence Add 2455 Morris Avenue, Unio			Zip Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	⊠Executive Officer	□Director	□General and/or Managing Partner
Full Name (Last name first, Wunder, Lori A.	if individual)				
Business or Residence Add 2455 Morris Avenue, Unio			Zip Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	⊠Executive Officer	□Director	□General and/or Managing Partner
Full Name (Last name first, <b>D'Aloia, Julie</b>	if individual)				
Business or Residence Add 2455 Morris Avenue, Unio	•		Zip Code)		
Check Box(es) that Apply:	☐ Promoter	□Beneficial Owner	⊠Executive Officer	□Director	□General and/or Managing Partner
Full Name (Last name first, Arnold, William E.	if individual)				
Business or Residence Add 2455 Morris Avenue, Unio			Zip Code)		
(Use b	olank sheet, or	copy and use addition	nal copies of this shee	et, as necess	ary.)
Check Box(es) that Apply:	☐ Promoter	□Beneficial Owner	⊠Executive Officer	□Director	□General and/or Managing Partner
Full Name (Last name first, Cardone, Mark S.	if individual)				

Business or Residence Address (Number and Street, City, State, Zip Code) 2455 Morris Avenue, Union, New Jersey 07083-0007

•					
Check Box(es) that Apply:	☐ Promoter	☐Beneficial Owner	□Executive Officer	⊠Director	□General and/or Managing Partner
Full Name (Last name first, Curtis, Brenda	if individual)	*	<del></del>		
Business or Residence Add 2455 Morris Avenue, Unio			Zip Code)		
Check Box(es) that Apply:	☐ Promoter	□Beneficial Owner	□Executive Officer	⊠Director	□General and/or Managing Partner
Full Name (Last name first, Kein, Donald G.	if individual)				
Business or Residence Add <b>2455 Morris Avenue, Unio</b>			Zip Code)		<del></del>
Check Box(es) that Apply:	☐ Promoter	□Beneficial Owner	□Executive Officer	⊠Director	□General and/or Managing Partner
Full Name (Last name first, <b>Schroeder, Norman F.</b>	if individual)				
Business or Residence Add <b>2455 Morris Avenue, Unio</b>			Zip Code)		
Check Box(es) that Apply:	☐ Promoter	☐Beneficial Owner	□Executive Officer	⊠Director	□General and/or Managing Partner
Full Name (Last name first, Barth, Hugo	if individual)				
Business or Residence Add 2455 Morris Avenue, Unio			Zip Code)	·	
Check Box(es) that Apply:	☐ Promoter	☐Beneficial Owner	□Executive Officer	⊠Director	□General and/or Managing Partner
Full Name (Last name first, <b>Bol, Alexander A</b> .	if individual)				
Business or Residence Add 2455 Morris Avenue, Unio			Zip Code)		
Check Box(es) that Apply:	☐ Promoter	□Beneficial Owner	□Executive Officer	⊠Director	□General and/or Managing Partner
Full Name (Last name first, Malinowski, Eugene V.	if individual)			<u></u>	
Business or Residence Add 2455 Morris Avenue, Unio	<b>Y</b>		Zip Code)		
Check Box(es) that Apply:	☐ Promoter	□Beneficial Owner	□Executive Officer	⊠Director	□General and/or Managing Partner
Full Name (Last name first, <b>Thompson, William A</b> .	if individual)		· · · · · · · · · · · · · · · · · · ·		
Business or Residence Add 2455 Morris Avenue, Unio			Zip Code)		
	- Dramatan	☐Beneficial Owner	□Executive Officer	⊠Director	□General and/or
Check Box(es) that Apply:	☐ Promoter				Managing Partner

Check Box(es) that Apply:	☐ Promoter	□Beneficial Owner	□Executive Officer	⊠Director	□General and/or Managing Partner							
Full Name (Last name first, Schiller, Herbert	if individual)											
Business or Residence Address (Number and Street, City, State, Zip Code) 2455 Morris Avenue, Union, New Jersey 07083-0007												
Check Box(es) that Apply:	☐ Promoter	□Beneficial Owner	□Executive Officer	⊠Director	□General and/or Managing Partner							
Full Name (Last name first, <b>Kennedy, James J.</b>	if individual)											
Business or Residence Add	,		Zip Code)									

					B. IN	FORMAT	ION ABO	OUT OFFI	ERING				
1.	Has th	ne issuer	rsold ord	loes the is	suer inten	d to sell to	o non-acci	edited inve	estors in th	nis offering	ı?	Yes	No 🗵
٠.	1100 11	10 100001	3010, 01 0					iling under		no onomie		_	
2.	What	is the mi	inimum inv			,	·	Ū		•••••		mir	set nimum per estor
												Yes	No
3.			• ,	•	•	•						X	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
		(Last na	-	individual	)								
Bus 181	iness o <b>8 Mark</b>	r Reside	ence Addre	ess (Numb	er and Sti lelphia, P.	reet, City, <b>A 19102</b>	State, Zip	Code)					
			d Broker c		<u> </u>								
				d Has Soli					<del></del>				
•	eck "All .L]	States" [AK]	or check i	individual : [AR]	States) [CA]	[CO]	[CT]	X[DE]	[DC]	[FL]	[GA]	□ <i>A</i> [HI]	All States [ID]
<b>X</b> [	-	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[M	IT]	[NE]	[NV]	[NH]	[NJ]	[NM]	<b>X</b> [NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[F	RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full	Name	(Last na	me first, if	individual	)								
Bus	iness o	r Reside	ence Addre	ess (Numb	er and St	reet, City,	State, Zip	Code)			·		
Nan	ne of As	ssociate	d Broker c	r Dealer	<del>_</del>	<del></del>	<u> </u>	<del></del>			· · · · <u>· · · · · · · · · · · · · · · </u>		<u></u>
				d Has Soli				hasers					<del></del>
(Ch		States" [AK]	or check i [AZ]	individual : [AR]	States) [CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	□ <i>A</i> [HI]	All States [ID]
[11		[IN]	[IA]	[KS]	[[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
	IT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[F	RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full	Name	(Last na	me first, if	individual	)			············					
Bus	iness o	r Reside	ence Addre	ess (Numb	er and Sti	reet, City,	State, Zip	Code)					
Nan	ne of As	ssociate	d Broker c	r Dealer					<u></u>				
				d Has Soli									
(Ch [A		States" [AK]	or check i	individual : [AR]	States) [CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	□ <i>A</i> [HI]	All States [ID]
[]]		[IN]	[IA]	[KS]	[[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[M	IT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[F	RI]	[SC]	[SD]	[TN]	[TX]	[TU]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES	AND	USE OF P	RO	CEEDS
۱.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this box □ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security Debt	\$	Aggregate Offering Pric		Amount Already Sold
	Equity	\$	9,999,990		\$ 9,999,990
	☑ Common ☐ Preferred				
	Convertible Securities (including warrants)  Partnership Interests	\$ \$			\$
	Other (Specify)	\$			\$
	Total	\$	9,999,990		\$ 9,999,990
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero".				Aggregate Dellar
			Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors		10		\$ 9,999,990
	Non-accredited Investors				\$ 0
	Total (for filings under Rule 504 only)				Φ
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.				
	Type of offering		Type of		Oollar Amount Sold
	Rule 505		Security	\$	
	Regulation A	-		\$	
	Rule 504	_		\$	
	Total	_		\$	
<b>\</b> .	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$	
	Printing and Engraving Costs		_	\$	**************************************
	Legal Fees		×	\$	87,500
	Accounting Fees			\$	
	Engineering Fees			\$	
	Sales Commissions (specify finders' fees separately)		☒	\$	450,000
	Other Expenses (identify) (Escrow Agent Fee)		<b></b>	\$	5,000

542,500

C. OFFERING PRICE, NUMBER OF INVE	STORS,	EX	PENSES AND US	SE OF	PF	ROCEEDS
b. Enter the difference between the aggregate offering price of Question 1 and total expenses furnished in response to Pa is the "adjusted gross proceeds to the issuer."	rt C - Qu	estic	on 4.a. This differer		\$	9,457,490
5. Indicate below the amount of the adjusted gross proceeds to the each of the purposes shown. If the amount for any purpose is no the box to the left of the estimate. The total of the payments listed proceeds to the issuer set forth in response to Part C - Question 4	t known, f d must eq	urnis ual tl	h an estimate and che			
			•			
			Payments to Officers Directors, & Affiliates	•		Payments to Others
Salaries and fees	🗆	\$ .			\$_	
Purchase of real estate	🗆	\$ .			\$_	
Purchase, rental or leasing and installation of machinery and equipment	🗆	\$	······	. 🗆	\$_	
Construction or leasing of plant buildings and facilities	🗆	\$			\$_	
Acquisition of other businesses (including the value of securities involved in thi offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		\$			\$_	
Repayment of indebtedness	🗆	\$			\$_	
Working capital  Other (specify)		\$ .		X	\$_	9,457,490
		\$				
Column Totals	🗆	\$		X		9,457,490
Total Payments Listed (column totals added)			<b>≥</b> \$			9,457,490
D. FEDERA	L SIGN	ATU	IRE			
he issuer has duly caused this notice to be signed by the under 05, the following signature constitutes an undertaking by the iss pon written request of its staff, the information furnished by the o)(2) of Rule 502.	uer to fur	nish	to the U.S. Securit	ies an	d Ex	change Commission,
Issuer (Print or Type) Signature		/	1/		ate	
Center Bancorp, Inc.	. [][]	(k)	/		ı	0/13/04.
Name of Signer (Print or Type)  Title of Sign	er (Print	or T	ype)	1		
Anthony C. Weagley Vice President	dent					

ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

1	notice on Form D (17 CFR 239.500) at such times as required by state law.  The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.  The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.  The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.  The index is a state of the index is						
1.							
	See Appendix, Column 5, for state response.						
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.						
3.							
4.	Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer						
	e issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its half by the undersigned duly authorized person.						
	ssuer (Print or Type) Signature Date						
(	Center Bancorp, Inc.						
_	Name of Signer (Print or Type) Title of Signer (Print or Type)						

**Vice President** 

### Instruction:

Anthony C. Weagley

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

## APPENDIX

1		2	3	<del></del>		4		]	5 ification
	non-ac investor	o sell to credited s in State -ltem 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA									
СО									
СТ		_							
DE		х	Common Stock	1	\$843,750	0	0		х
			\$9,999,990						
DC 				<del>-                                   </del>					
FL									
GA									
HI									
ID IL		х	Common Stock	2	\$3,418,740	0	0		х
IN			\$9,999,990					1	
IA				<del></del>			<u> </u>		
KS									
KY		<del> </del>							
LA				· · · · · · · · · · · · · · · · · · ·			<del></del>		
ME							<del></del>		
MD									
MA									
MI									
MN	-								
MS									
МО									

# APPENDIX

1	2 3 4									
	non-ac investor	to sell to credited s in State I-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			Disqualification under State ULOE (if yes, attach explanation of waiver granted) Part E-Item 1		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
МТ				ļ						
NE										
NV										
NH										
NJ				<del></del>						
NM										
NY		x	Common Stock \$9,999,990	7	\$5,737,500	o	0		x	
NC			\$3,333,330							
ND										
ОН										
ок										
OR	,							1		
PA										
RI				······································						
sc										
SD										
TN										
ТX										
UT										
VT										
VA										
WA										
wv										
WL										
WY										
PR										