

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 857414 (7)

1. Corporation Name
LEWISTON LEASING CORPORATION



Principal Place of Business % DEAN WITTER REYNOLDS INC. 101 CALIFORNIA ST. SAN FRANCISCO CA 94111	Mailing Address % DEAN WITTER REYNOLDS INC. 101 CALIFORNIA ST. SAN FRANCISCO CA 94111
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/12/1983

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 c/o Morgan Stanley 27 Dean Witter & Co. Suite, Apt. #, etc. 1221 Avenue of the Americas, 23rd Floor 28 City & State 29 New York, New York 30 Zip Country 10020 USA
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4. FEI Number
13-3165462

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

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85 Zip Code**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
 Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARMEN, RONALD T	1.2 NAME
STREET ADDRESS	16 WACHUSETTS STREET	1.3 STREET ADDRESS
CITY-ST-ZIP	ROCKVILLE CENTER NY	1.4 CITY-ST-ZIP
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HORGAN, MATTHEW M	2.2 NAME
STREET ADDRESS	26 MOHAWK LANE	2.3 STREET ADDRESS
CITY-ST-ZIP	GREENWICH CT	2.4 CITY-ST-ZIP
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLAS, RAYMOND F	3.2 NAME
STREET ADDRESS	429 WELLESLEY AVE.	3.3 STREET ADDRESS
CITY-ST-ZIP	MILL VALLEY CA	3.4 CITY-ST-ZIP
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARROW, CHARLES	4.2 NAME
STREET ADDRESS	444 E. 84TH STREET	4.3 STREET ADDRESS
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with a address.

SIGNATURE: *Raymond F. Douglas* **RAYMOND F. DOUGLAS** **04/13/98 (212) 762-6904**

CR2E034 (10/97)