

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90133 004 ***150.00

DOCUMENT # 857414

1. Entity Name
 Lewiston Leasing Corporation

Principal Place of Business c/o Morgan Stanley Dean Witter & Co. 1585 Broadway New York, NY 10036	Mailing Address c/o Morgan Stanley Tax De 1221 Ave. of the Americas, New York, NY 10020
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 13-3165462	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

0063347

6. Name and Address of Current Registered Agent
 CT Corporation System
 1200 S. Pine Island Road
 Plantation, FL 33324

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

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	PD	<input type="checkbox"/> Delete
NAME	Carman, Ronald T.	
STREET ADDRESS	436 N. Village Avenue	
CITY-ST-ZIP	Rockville Center, NY 11570	
TITLE	VD	<input type="checkbox"/> Delete
NAME	O'Shaughnessy, William J.	
STREET ADDRESS	61 Hedges Avenue	
CITY-ST-ZIP	Chatham, NJ 07928	
TITLE	AT	<input type="checkbox"/> Delete
NAME	Sandberg, Bruce	
STREET ADDRESS	115 Margaretta Court	
CITY-ST-ZIP	Staten Island, NY 10314	
TITLE	SD	<input type="checkbox"/> Delete
NAME	Charrow, Charles	
STREET ADDRESS	444 E. 84th Street	
CITY-ST-ZIP	New York, NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01(212) 762-6892
Date Daytime Phone #

CR2E034 (11/00)