


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

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 VAN KAPEN INVESTMENTS INC
 1 PARKVIEW PLAZA PO BOX 5555
 OAKBROOK TERRACE, IL 60181-5555**



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **13-3165462** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324**

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

U00000523580
 05/03/06-80076-021 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD O'SHAUGHNESSY, WILLIAM J. 1221 AVENUE OF THE AMERICAS NEW YORK, NY 10020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SANDBERG, BRUCE 750 7TH AVE. NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAHN, JEFFREY 195 BROADWAY NEW YORK, NY 10006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TYLER IV, JACOB E 1221 AVENUE OF THE AMERICAS NEW YORK, NY 10020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FORSELL, WILLIAM J. 750 SEVENTH AVE. NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARMOLL, ERIC J. 1 PARKVIEW PLAZA, P.O. BOX 5555 OAKBROOK TERRACE, IL 60181

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 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

4/19/2006 (630) 684-6140

Date

Daytime Phone #