

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90088 014 ***150.00

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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**

40088863



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address *C/O Morgan Stanley Tax*
1 Parkview Plaza
Suite, Apt. #, etc.
Suite 100

04212008 Chg-P CR2E034 (12/06)

City & State
Oakbrook Terrace, IL

4. FEI Number
13-3165462

Applied For
 Not Applicable

Zip
60181-5555

Country
U.S.

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. 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, 2008 Fee will be \$550.00

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

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	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SANDBERG, BRUCE 750 7TH AVE. NEW YORK, NY 10019	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAHN, JEFFREY 195 BROADWAY NEW YORK, NY 10006	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TYLER IV, JACOB E 1221 AVENUE OF THE AMERICAS NEW YORK, NY 10020	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARMOLL, ERIC J. 1 PARKVIEW PLAZA, P.O. BOX 5555 OAKBROOK TERRACE, IL 60181	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Kevin Mooney</i> 750 Seventh Avenue New York, NY 10019	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Assistant Treasurer</i> <i>Anita Rios</i> 750 Seventh Avenue New York, NY 10019	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>vP</i> <i>Elliot Tannenbaum</i> 1633 Broadway New York, NY 10019	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Assistant Treasurer</i> <i>Mary Ann Fappiano</i> 1 Pierrepont Plaza Brooklyn, NY 11201	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V</i> <i>Eric J. Marmoll</i> 1 Parkview Plaza, Suite 100 Oakbrook Terrace, IL 60181-5555	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Eric J. Marmoll* Eric J. Marmoll 4/22/2008 630-694-6140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #