


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90129 050 ***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 VAN KAPEN INVESTMENTS INC
1 PARKVIEW PLAZA PO BOX 5555
OAKBROOK TERRACE IL 60181-5555



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

CHECK HERE IF MAKING CHANGES

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

4. FEI Number **13-3165462**

Applied For
 Not Applicable

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

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. 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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	PD CARMEN, RONALD T 436 N VILLAGE AVENUE ROCKVILLE CENTRE NY 11570 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD O'SHAUGHNESSY, WILLIAM J. 61 HEDGES AVENUE CHATHAM NJ 07928 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SANDBERG, BRUCE 115 MARGARETTA COURT STATEN ISLAND NY 10314 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHARROW, CHARLES 444 E. 84TH STREET NEW YORK NY <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1221 AVENUE OF THE AMERICAS NEW YORK NY 10020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1221 AVENUE OF THE AMERICAS NEW YORK NY 10020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 750 7TH AVENUE NEW YORK NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michael O'Brien <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1221 Avenue of the Americas New York, NY 10020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jeffrey Hahn <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 195 Broadway New York, NY 10007
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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bruce Sandberg **Bruce Sandberg** 4/9/03 (630) 684-6440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)