2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 02, 2008
Secretary of State

DOCUMENT# F06000006030

Entity Name: LISY CORP.

Current Principal Place of Business:

3400 N.W. 67TH STREET
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

3400 N.W. 67TH STREET
MIAMI, FL 33147

New Mailing Address:

FEI Number: 20-5447365 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GY CORPORATE SERVICES, INC.
2 SOUTH BISCAYNE BLVD., SUITE 3400
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	GALLAND, FRED	
Address:	1776 ON THE GREEN, 67 PARK PLACE	
City-St-Zip:	MORRISTOWN, NJ 07960	
Title:	DS	( ) Delete
Name:	BLOOM, BRYAN E	
Address:	1776 ON THE GREEN, 67 PARK PLACE	
City-St-Zip:	MORRISTOWN, NJ 07960	
Title:	D	( ) Delete
Name:	PAPETTI, ARTHUR	
Address:	1776 ON THE GREEN, 67 PARK PLACE	
City-St-Zip:	MORRISTOWN, NJ 07960	
Title:	DVP	(X) Delete
Name:	KELLEHER, JAMESON	
Address:	1776 ON THE GREEN, 67 PARK PLACE	
City-St-Zip:	MORRISTOWN, NJ 07960	
Title:	DP	( ) Delete
Name:	SMITH, PAUL	
Address:	1776 ON THE GREEN, 67 PARK PLACE	
City-St-Zip:	MORRISTOWN, NJ 07960	
Title:	D	( ) Delete
Name:	BENTZ, PETER	
Address:	1776 ON THE GREEN, 67 PARK PLACE	
City-St-Zip:	MORRISTOWN, NJ 07960	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMESON KELLEHER DVP 10/02/2008

Electronic Signature of Signing Officer or Director — Date