

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005613

FILED  
Jan 08, 2009  
Secretary of State

Entity Name: NORTHVILLE MANAGEMENT CORP.

## Current Principal Place of Business:

25 MELVILLE PARK ROAD, SUITE 210  
MELVILLE, NY 11747

## New Principal Place of Business:

25 MELVILLE PARK ROAD  
SUITE 210  
MELVILLE, NY 11747

## Current Mailing Address:

25 MELVILLE PARK ROAD, SUITE 210  
MELVILLE, NY 11747

## New Mailing Address:

25 MELVILLE PARK ROAD  
SUITE 210  
MELVILLE, NY 11747

FEI Number: 20-3863927

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: S ( ) Delete  
Name: LESSMANN, STEVEN A  
Address: 25 MELVILLE PARK ROAD, SUITE 210  
City-St-Zip: MELVILLE, NY 11747

Title: VS ( ) Delete  
Name: MCCONAGHY, ELIZABETH A  
Address: 25 MELVILLE PARK ROAD, SUITE 210  
City-St-Zip: MELVILLE, NY 11747

Title: VT ( ) Delete  
Name: RIPP, PETER J  
Address: 25 MELVILLE PARK ROAD, SUITE 210  
City-St-Zip: MELVILLE, NY 11747

Title: D ( ) Delete  
Name: BERNSTEIN, GENE M  
Address: 25 MELVILLE PARK ROAD, SUITE 210  
City-St-Zip: MELVILLE, NY 11747

Title: CPD ( ) Delete  
Name: BERNSTEIN, JAY H  
Address: 25 MELVILLE PARK ROAD, SUITE 210  
City-St-Zip: MELVILLE, NY 11747

## 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:

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: STEVEN A. LESSMANN

CC

01/08/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date