

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2004 8:00 am
Secretary of State

08-11-2004 90001 047 ***150.00

DOCUMENT # F98000006333
 1. Entity Name
NATHAN & LEWIS ASSOCIATES, INC.



Principal Place of Business: ~~260 MADISON AVE~~ One MetLife Plaza
~~10TH FLOOR~~ 27-01 Queens Plz. N.
~~NEW YORK, NY 10016~~
 Long Island City, NY 11101

Mailing Address: One MetLife Plaza
~~70 CUMBERLAND LICENSING~~
~~P.O. BOX 7543~~ 27-01 Queens Plz. N.
~~CUMBERLAND, RI 02884~~
 Long Island City, NY 11101

54067654

DO NOT WRITE IN THIS SPACE

07162004 No Chg-P CR2E034 (10/03)

4. FEI Number 13-3547452	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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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
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	VP VP
NAME	DOCKER, GAWD Kimberly B. Kirsopp
STREET ADDRESS	1555 BOON ROAD 485-E US Hwy. 1 S.
CITY-ST-ZIP	SPRING BROOK, NJ 08878 Iselin, NJ 08830 NJ
TITLE	ATRE
NAME	BROWN, LEO R
STREET ADDRESS	200 MADISON ROAD One MetLife Plaza
CITY-ST-ZIP	SPRING BROOK, NJ 08878 Long Island City, NY 11101
TITLE	CEO P/Chairman of the Board/C E O/Director
NAME	BRUNGER, RICHARD Michael K. Farrell
STREET ADDRESS	100 CUSTIN PARKWAY 10 Park Avenue
CITY-ST-ZIP	SPRING BROOK, NJ 08878 Morristown, NJ 07962
TITLE	ATRE
NAME	HARRISON, GREGORY M
STREET ADDRESS	200 MADISON ROAD One MetLife Plaza
CITY-ST-ZIP	SPRING BROOK, NJ 08878 Long Island City, NY 11101
TITLE	Treasurer
NAME	James P. Bossert
STREET ADDRESS	10 Park Avenue
CITY-ST-ZIP	Morristown, NJ 07962
TITLE	VP
NAME	Craig W. Markham
STREET ADDRESS	13045 Tesson Ferry Road
CITY-ST-ZIP	St. Louis, MO 63128

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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: Gregory M. Harrison Gregory M. Harrison, Asst. Treasurer, 8 / 3 / 04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #