


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90087 020 ***150.00

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

Principal Place of Business ONE METLIFE PLAZA 27-01 QUEENS PLZ. N. LONG ISLAND CITY, NY 11101	Mailing Address ONE METLIFE PLAZA 27-01 QUEENS PLZ. N. LONG ISLAND CITY, NY 11101
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DO NOT WRITE IN THIS SPACE



04062005 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

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KIRSOPP, KIMBERLY B 485-E US HWY 1 S ISELIN, NJ 08830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATRE BROWN, LEO R ONE METLIFE PLAZA LONG ISLAND CITY, NY 11101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO FARRELL, MICHAEL K 10 PARK AVENUE MORRISTOWN, NJ 07962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATRE HARRISON, GREGORY M ONE METLIFE PLAZA LONG ISLAND CITY, NY 11101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOSSERT, JAMES P 10 PARK AVENUE MORRISTOWN, NJ 07962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARKHAM, CRAIG W 13045 TESSON FERRY ROAD SAINT 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, ATRE, 04// /05, 212-578-4852

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #