

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000076965

FILED  
Apr 26, 2010  
Secretary of State

Entity Name: LSR MANAGEMENT INC.

## Current Principal Place of Business:

50 CHARLES LINDBERGH BLVD., SUITE 500  
UNIONDALE, NY 11553

## New Principal Place of Business:

50 CHARLES LINDBERGH BLVD.  
SUITE 500  
UNIONDALE, NY 11553 US

## Current Mailing Address:

50 CHARLES LINDBERGH BLVD., SUITE 500  
UNIONDALE, NY 11553

## New Mailing Address:

50 CHARLES LINDBERGH BLVD.  
SUITE 500  
UNIONDALE, NY 11553 US

FEI Number: 58-2414690

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: DP  
Name: RANIERI, LEWIS S  
Address: 50 CHARLES LINDBERGH BLVD., STE. 500  
City-St-Zip: UNIONDALE, NY 11553 US

Title: VT  
Name: JAEGER, FRANCIS J  
Address: 50 CHARLES LINDBERGH BLVD., STE. 500  
City-St-Zip: UNIONDALE, NY 11553 US

Title: VS  
Name: STEELE, CHRISTOPHER J  
Address: 50 CHARLES LINDBERGH BLVD., STE 500  
City-St-Zip: UNIONDALE, NY 11553 US

I hereby 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 all other like empowered.

SIGNATURE: CHRISTOPHER J. STEELE

V

04/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date