

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90012 004 ***550.00

DOCUMENT # 612755

1. Entity Name

LEHMAN MANUFACTURING COMPANY, INC.

Principal Place of Business

Mailing Address

3700 NE 6TH DRIVE
 BOCA RATON FL 33431

399 NW 2ND AVE
 BOCA RATON FL 33432

AU078597

2. Principal Place of Business

3. Mailing Address

1200 South Pine Island Rd
 Suite, Apt. #, etc.

1555 E. Flamingo Rd.
 Suite 155



DO NOT WRITE IN THIS SPACE

City & State

Plantation FL

City & State

Las Vegas, NV

4. FEI Number **22-1868987**

Applied For

Not Applicable

Zip **33324**

Country **USA**

Zip **89119**

Country **USA**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEHMAN, ROGER
 3700 NE 6TH DRIVE
 BOCA RATON FL 33431

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City

Plantation

State

FL

Zip Code

33324

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
VD	LEHMAN, ROGER	3700 NE 6TH DR	BOCA RATON, FL 00000	<input checked="" type="checkbox"/>
STD	LEHMAN, JEANNE A	3700 NE 6TH DR	BOCA RATON, FL 00000	<input checked="" type="checkbox"/>
PD	LEHMAN, JOAN T	76 LAIGHT ST	NEW YORK NY	<input type="checkbox"/>
T	RHINE, SCOTT T	399 N.W. BOCA RATON BLVD	BOCA RATON FL 33432	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
Director - President	Preston Golden	1555 E. Flamingo Rd, Suite 155	Las Vegas, NV 89119	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP, ST	Dali Islam	1555 E. Flamingo Rd, Suite 155	Las Vegas, NV 89119	<input checked="" type="checkbox"/>	<input type="checkbox"/>
AT	William J. Postiglione	1555 E. Flamingo Rd, Suite 155	Las Vegas, NV 89119	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	Charles E. Matthews	1555 E. Flamingo Rd, Suite 155	Las Vegas, NV 89119	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	William T. Collins	1555 E. Flamingo Rd, Suite 155	Las Vegas, NV 89119	<input type="checkbox"/>	<input checked="" type="checkbox"/>
AS	Janice A. Sullivan	1555 E. Flamingo Rd, Suite 155	Las Vegas, NV 89119	<input type="checkbox"/>	<input checked="" type="checkbox"/>

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature]
 7/23/01

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CR2E034 (1/0/00)