

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 612755

1. Entity Name

LEHMAN MANUFACTURING COMPANY, INC.



Principal Place of Business

1000 EAST WILLIAM STREET, STE. 204
CARSON CITY, NV 89701 US

Mailing Address

1000 EAST WILLIAM STREET, STE. 204
CARSON CITY, NV 89701 US



04052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-1868987

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALL., FL 32301

**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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000110119
04/12/04-2007-004 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GOLDEN, PRESTON
STREET ADDRESS 1000 EAST WILLIAM STREET, STE. 204
CITY - ST - ZIP CARSON CITY, NV 89701

TITLE D
NAME WILKINSON, BARBARA
STREET ADDRESS 1000 EAST WILLIAM STREET, STE. 204
CITY - ST - ZIP CARSON CITY, NV 89701

TITLE VP
NAME COLLINS, WILLIAM T
STREET ADDRESS 1000 EAST WILLIAM STREET, STE. 204
CITY - ST - ZIP CARSON CITY, NV 89701

TITLE AT
NAME POSTIGLIONE, WILLIAM J
STREET ADDRESS 1000 EAST WILLIAM STREET, STE. 204
CITY - ST - ZIP CARSON CITY, NV 89701

TITLE AS
NAME SULLIVAN, JANICE A
STREET ADDRESS 1000 EAST WILLIAM STREET, STE. 204
CITY - ST - ZIP CARSON CITY, NV 89701

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William J. Postiglione

Date

4-6-04

Daytime Phone #