


**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
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04052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 22-1868987	Applied For Not Applicable
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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

00000010179  
 04/12/04-2007-004 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GOLDEN, PRESTON 1000 EAST WILLIAM STREET, STE. 204 CARSON CITY, NV 89701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILKINSON, BARBARA 1000 EAST WILLIAM STREET, STE. 204 CARSON CITY, NV 89701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP COLLINS, WILLIAM T 1000 EAST WILLIAM STREET, STE. 204 CARSON CITY, NV 89701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT POSTIGLIONE, WILLIAM J 1000 EAST WILLIAM STREET, STE. 204 CARSON CITY, NV 89701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS SULLIVAN, JANICE A 1000 EAST WILLIAM STREET, STE. 204 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: William J. Postiglione 4-6-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #