


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90018 018 ***150.00

DOCUMENT # 815868 1. Entity Name L.K. COMSTOCK & COMPANY, INC.					
Principal Place of Business 5 PENN PLAZA 17TH FLOOR NEW YORK, NY 10001 US			Mailing Address 5 PENN PLAZA 17TH FLOOR NEW YORK, NY 10001 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 13-0594190	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES ST STE 105 TALLAHASSEE, FL 32301				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL</div> Zip Code	
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIST, RAYMOND		NAME	JEFFREY M LEVY	
STREET ADDRESS	5 PENN PLAZA, 17TH FLOOR		STREET ADDRESS	5 PENN PLAZA 12TH FL	
CITY-ST-ZIP	NEW YORK, NY 10001		CITY-ST-ZIP	NEW YORK, NY 10001	
TITLE	VCFO	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPBELL, KENNETH		NAME	JEFFREY M. LEVY	
STREET ADDRESS	5 PENN PLAZA, 17TH FLOOR		STREET ADDRESS	5 PENN PLAZA 12TH FL.	
CITY-ST-ZIP	NEW YORK, NY 10001		CITY-ST-ZIP	NEW YORK, NY 10001	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	EXEC. VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MNIECKOWSKI, RONALD		NAME	RONALD SMITH	
STREET ADDRESS	5 PENN PLAZA, 17TH FLOOR		STREET ADDRESS	5 PENN PLAZA 12TH FL	
CITY-ST-ZIP	NEW YORK, NY 10001		CITY-ST-ZIP	NEW YORK, NY 10001	
TITLE	VT	<input type="checkbox"/> Delete	TITLE	SECT, PRES, SR VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CELLINI, GENE		NAME	GENE CELLINI	
STREET ADDRESS	5 PENN PLAZA, 17TH FLOOR		STREET ADDRESS	5 PENN PLAZA 12TH FL.	
CITY-ST-ZIP	NEW YORK, NY 10001		CITY-ST-ZIP	NEW YORK, NY 10001	
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRNE, EDWARD		NAME		
STREET ADDRESS	1100 FRANKLIN AVE.		STREET ADDRESS		
CITY-ST-ZIP	GARDEN CITY, NY 11530		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Gene Cellini</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<i>GENE CELLINI 3/24/08 (212) 502-7911</i> Date Daytime Phone #		