## 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT# 815868** 

Entity Name: L.K. COMSTOCK & COMPANY, INC.

FILED Oct 27, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
5 PENN PL 17TH FLOO NEW YORK		US		5 PENN PL 12TH FLOO NEW YORI		US		
Current Mailing Address:				New Mailing Address:				
5 PENN PL 17TH FLOO NEW YORK		US		5 PENN PL 12TH FLOO NEW YORI		US		
FEI Number:	13-0594190	FEI Number Applied For ( )	FEI Num	nber Not Appli	cable ( )	Certificate of Stat	tus Desired ( )	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES ST STE 105 TALLAHASSEE, FL 32301 US  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			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	D () D LEVY, JEFFREY I 5 PENN PLAZA 12 NEW YORK, NY	M 2TH FL		Title: Name: Address: City-St-Zip:	()	Change ( ) Additio	n	
Title: Name: Address: City-St-Zip:	P () D LEVY, JEFFREY 5 PENNA PLAZA NEW YORK, NY	M 12TH FL		Title: Name: Address: City-St-Zip:	( )	Change ( ) Additio	n	
Title: Name: Address: City-St-Zip:	EVP () D SMITH, RONALD 5 PENN PLAZA 12 NEW YORK, NY	2TH FL		Title: Name: Address: City-St-Zip:	VP (X) ROTHSCHILD, N 5 PENN PLAZA NEW YORK, NY	12TH FL	on	
Title: Name: Address: City-St-Zip:	ST () D CELLINI, GENE 5 PENN PLAZA 12 NEW YORK, NY	2TH FL		Title: Name: Address: City-St-Zip:	ST&V (X) CELLINI, GENE 5 PENN PLAZA NEW YORK, NY	12TH FL	on	
Title: Name: Address: City-St-Zip:	AS () D BYRNE, EDWARI 1100 FRANKLIN A GARDEN CITY, N	O AVE.		Title: Name: Address: City-St-Zip:	()	Change ( ) Additio	n	
Title: Name: Address: City-St-Zip:	( ) D	elete		Title: Name: Address: City-St-Zip:	AS () ROUNDTREE, T 5 PENN PLAZA NEW YORK, NY	12TH FL	on	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GENE CELLINI SVP 10/27/2008