
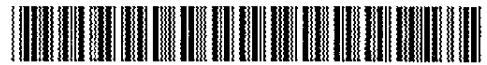


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 828504</b> 1. Entity Name LIEBERMAN COMPANIES, INC.	
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Principal Place of Business 9549 PENN AVE. SOUTH MINNEAPOLIS, MN 55431	Mailing Address 9549 PENN AVE. SOUTH MINNEAPOLIS, MN 55431
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01052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 41-0905764	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

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

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LIEBERMAN, STEPHEN E 9549 PENN AVE. S. MINNEAPOLIS, MN
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT LIEBERMAN, DANIEL 9549 PENN AVE. SOUTH MINNEAPOLIS, MN 55431
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP GOLDBERG, SANFORD J 9549 PENN AVE. S. MINNEAPOLIS, MN
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPCF LEDERMAN, HAROLD 9549 PENN AVE. S. MINNEAPOLIS, MN 55431
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS LIEBERMAN, HAROLD N 9549 PENN AVE S MINNEAPOLIS, MN 55431
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

100000002566  
 01/13/04-80020-002 150.00

**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)(f), 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:** Harold Lederman  1-504 952-887-5299  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #