


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90407 046 ***150.00

| | | | | | |
|--|---|---|---|--|--|
| DOCUMENT # 842232 1. Entity Name LO-LO DISCOUNT STORES, INC. | | | |  | |
| Principal Place of Business 2 PARAGON DRIVE MONTVALE, NJ 07645 | | | Mailing Address 2 PARAGON DRIVE MONTVALE, NJ 07645 | | |
| 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 13-2378662 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BLUMBERGEXCELSIOR CORPORATE SERVICES, INC. 4435 OLD WINTER GARDEN ROAD ORLANDO, FL 32811 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 NAME STREET ADDRESS CITY-ST-ZIP | VP LUNSFORD, RONALD 2 PARAGON DRIVE MONTVALE, NJ 07645 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice President Harry Austin 2 Paragon Drive Montvale NJ 07645 |
| <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BAILEY, BARBARA 2 PARAGON DRIVE MONTVALE, NJ 07645 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P FORD, RICHARD 2 PARAGON DR MONTVALE, NJ 07645 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 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>Michael Queller</i> | | | 4/18/08 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |