

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # 857414

1. Entity Name
LEWISTON LEASING CORPORATION



Principal Place of Business

**C/O MORGAN STANLEY DEAN WITTER & CO
1585 BROADWAY
NEW YORK, NY 10036**

Mailing Address

**C/O VAN KAPEN INVESTMENTS INC
1 PARKVIEW PLAZA PO BOX 5555
OAKBROOK TERRACE, IL 60181-5555**



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **13-3165462** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000523580
05/03/06-80076-021 150.00**

10. OFFICERS AND DIRECTORS

TITLE **VD**
NAME **O'SHAUGHNESSY, WILLIAM J.**
STREET ADDRESS **1221 AVENUE OF THE AMERICAS**
CITY-ST-ZIP **NEW YORK, NY 10020**

TITLE **V**
NAME **SANDBERG, BRUCE**
STREET ADDRESS **750 7TH AVE.**
CITY-ST-ZIP **NEW YORK, NY 10019**

TITLE **PD**
NAME **HAHN, JEFFREY**
STREET ADDRESS **195 BROADWAY**
CITY-ST-ZIP **NEW YORK, NY 10006**

TITLE **S**
NAME **TYLER IV, JACOB E**
STREET ADDRESS **1221 AVENUE OF THE AMERICAS**
CITY-ST-ZIP **NEW YORK, NY 10020**

TITLE **T**
NAME **FORSELL, WILLIAM J.**
STREET ADDRESS **750 SEVENTH AVE.**
CITY-ST-ZIP **NEW YORK, NY 10019**

TITLE **V**
NAME **MARMOLL, ERIC J.**
STREET ADDRESS **1 PARKVIEW PLAZA, P.O. BOX 5555**
CITY-ST-ZIP **OAKBROOK TERRACE, IL 60181**

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/2006

(630) 684-6140

Date

Daytime Phone #