

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 22, 2005 8:00 am
Secretary of State**

04-22-2005 90271 021 ***150.00

DOCUMENT # F00000001466

1. Entity Name
DLR 1985, INC.



Principal Place of Business
C/O RUDCO PROPERTIES, INC.
365 WEST PASSAIC STREET
ROCHELLE PARK, NJ 07662

Mailing Address

C/O RUDCO PROPERTIES, INC.
365 WEST PASSAIC STREET
ROCHELLE PARK, NJ 07662

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

01102005 Chg-P CR2E034 (10/03)

4. FEI Number 22-3691982	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE, FL 32301

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

(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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution: \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTD
NAME RUDNICK, DAVID L
STREET ADDRESS 365 WEST PASSAIC STREET
CITY-ST-ZIP ROCHELLE PARK, NY 07662

Delete

TITLE V
NAME HAGENS, CHRISTOPHER
STREET ADDRESS 365 WEST PASSAIC STREET
CITY-ST-ZIP ROCHELLE PARK, NJ 07662

Delete

TITLE V
NAME RUDNICK, JEFFREY
STREET ADDRESS 365 WEST PASSAIC STREET
CITY-ST-ZIP ROCHELLE PARK, NJ 07662

Delete

TITLE S
NAME BISHOP, BONITA
STREET ADDRESS 365 WEST PASSAIC STREET
CITY-ST-ZIP ROCHELLE PARK, NJ 07662

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 printed name of signing officer or director)

Date

Daytime Phone #

(201) 712-1300