## 2007 FOR PROFIT CORPORATION

## Apr 16, 2007 8:00 am Secretary of State **ANNUAL REPORT** 04-16-2007 90073 003 \*\*\*150 00 DOCUMENT # F0000001466 1. Entity Name DLR 1985, INC. Principal Place of Businese Mailing Address C/O RUDCO PROPERTIES, INC. C/O RUDCO PROPERTIES, INC. 365 WEST PASSAIC STREET **365 WEST PASSAIC STREET** ROCHELLE PARK, NJ 07662 ROCHELLE PARK, NJ 07662 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 22-3691982 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 , After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Defete TITLE Change ☐ Addition RUDNICK, DAVID L NAME NAME STREET ADDRESS 365 WEST PASSAIC STREET STREET ADDRESS CITY-ST-ZIP ROCHELLE PARK, NY 07662 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition HAGENS, CHRISTOPHER NAME NAME STREET ADORESS 365 WEST PASSAIC STREET STREET ADDRESS CITY-ST-ZIP ROCHELLE PARK, NJ 07662 CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition RUDNICK, JEFFREY NAME NAME STREET ADDRESS 365 WEST PASSAIC STREET STREET ADDRESS CITY-ST-ZIP ROCHELLE PARK, NJ 07662 CITY-ST-ZIP TITI F Delete ☐ Change ■ Addition BISHOP, BONITA NAME NAME STREET ADDRESS 365 WEST PASSAIC STREET STREET ADDRESS ROCHELLE PARK, NJ 07662 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE □ Спалре ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE: \_

CITY-ST-ZIP

FROS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**