2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005262

Entity Name: LIQUIDATION PROPERTIES, INC.

FILED Apr 08, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
388 GREENWICH STREET NEW YORK, NY 10013						
Current Mailing Address:				New Mailing Address:		
PO BOX 3509 TAMPA, FL 33631			PO BOX 30509 TAX & REPORTING TAMPA, FL 33631			
FEI Number: 52-2266507 FEI Number Applied For () FEI Num			nber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US						
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.						
SIGNATURE:						
Electronic Signature of Registered Agent						Date
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTO						S TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	PERLORYTE, JE 390 GREENWICH NEW YORK, NY V () E SEARES, PHIL	H ST. 10013 Delete ICH STREET, 4TH FL		Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	ISENBERG, R 390 GREENW NEW YORK, N VP (X FUOCO, CRA	/ICH ST., BLDG. 1, 6TH FL. NY 10013 X) Change () Addition IG /ICH STREET, BLDG 1, 4TH FL.
Title: Name: Address: City-St-Zip:	MILLS, SUSAN % 390 GREENW NEW YORK, NY			Title: Name: Address: City-St-Zip:	TROHAN, JOH 388 GREENW NEW YORK, N	/ICH SREET, BLDG 1, 17TH FL NY 10013
Title: Name: Address: City-St-Zip:	AS ()E HOFFMAN, LISA 3800 CHARUP C TAMPA, FL 3361	ENTER DR.		Title: Name: Address: City-St-Zip:	KONG, MYON	/ICH STREET, BLDG. 1, 17TH FL
Title: Name: Address: City-St-Zip:	T () E FREIDENRICH, S 399 PARK AVE. NEW YORK, NY			Title: Name: Address: City-St-Zip:	HOFFMAN, LÌ	DUP CENTER DRIVE
Title: Name: Address: City-St-Zip:	S (X) I MYONGSU, KING 388 GREENWICH NEW YORK, NY	HST.		Title: Name: Address: City-St-Zip:	() Change ()Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA HOFFMAN AS 04/08/2009