FILED Jan 13, 2005 8:00 am Secretary of State

2005 FC)R PROF	IT CORPO	KATION
	ANNUA	L REPORT	•

Mattry Access Mattry Mat	DOCUMENT # F0200006091 1. Entity Name MK LAKELAND FINANCE COMPANY, INC.						01-13-2005 90001 023 ***150.00						
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City & State Country Zp Country Specificate of Status Desired \$ \$8.75 Auditorials \$ \$8.75 Auditorials Fine Required \$ \$8.75 Auditorials Fine Required Fi	2. Principal Pl	lace of Busin	iess	3.	Mailing Address								
Country Zp	Suite, Apt.	#, etc.		1	Suite, Apt. #, etc.				01042005	Chg-P	CR2E03	14 (10/03)	
EXISTNEXIS DOCUMENT SOLUTIONS INC. 1201 HAY'S STREET TALLAHAS SEE, FL 32301 City FL Zep Code 8. The above named emily submits into statement for the purpose of changing its registreed office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE 18 \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Addition to the purpose of changing its registreed office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. DNT FILE NOW!!! FEE 18 \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Addition to the purpose of changing its registreed office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the control of the receiver principle agent of the state of the control of the receiver principle agent of the state of the control of the receiver principle agent of the control of the receiver prin	City & State	э		Ľ	City & State				I			No	t Applicable
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Sizeel Address (F.O. Box Number is Not Acceptable) City		6. Name	and Address of Current F	legis	tered Agent								
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Common this property of the common of the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Common this property of the State of Florida. I am familiar with, and accept the obligations of registered agent. Common this property of the state of Florida. I am familiar with, and accept the obligations of registered agent. Common this property of the state of Florida. I am familiar with, and accept the obligations of registered agent. Common this property of the state of Florida. Common this property of the purpose of the state of Florida. Common this property of the property of the stat	1201 HAYS STREET					Street A	ddress (I	P.O. Box Numb	er is Not Acceptable)				
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CITY-ST-ZIP NEW YORK, NY 10036 CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME CITY-ST-ZIP Melville, NY 11747 Vice President Bernard J. Angelo STREET ADDRESS CITY-ST-ZIP Melville, NY 11747 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10036 TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10036 TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10036 TITLE NAME STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10036 TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10036 TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10036 TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10036 TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10036 TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10036 TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10036 TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10036 TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10036 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRE				1715			-			w Rd, Ste. 239			
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