2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2010
Secretary of State

DOCUMENT# F03000000628

Entity Name: LEXINGTON MANAGEMENT GROUP, INC.

Current Principal Place of Business:

C/O CALER DONTEN LEVINE, ET AL
505 SOUTH FLAGLER DRIVE, SUITE 900
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

C/O CALER DONTEN LEVINE, ET AL
505 SOUTH FLAGLER DRIVE, SUITE 900
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 13-3480368 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COHEN, LOUIS M
C/O CALER DONTEN LEVINE, ET AL
505 SOUTH FLAGLER DRIVE, SUITE 900
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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:

Title: PCD
Name: HANLEY, W L
Address: 250 JUNGLE ROAD
City-St-Zip: PALM BEACH, FL 33480

Title: V
Name: HOFFMAN, A A
Address: 250 JUNGLE ROAD
City-St-Zip: PALM BEACH, FL 33480

Title: STD
Name: CARDUCCI, F N
Address: 535 MADISON AVE., SUITE 7, 35TH FLOOR
City-St-Zip: NEW YORK, NY 100224212

Title: D
Name: SLADE, J J
Address: 535 MADSION AVE., SUITE 7, 35TH FLOOR
City-St-Zip: NEW YORK, NY 100224212

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM L HANLEY, JR. PCD 01/26/2010

Electronic Signature of Signing Officer or Director — Date