## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F05000000111

Title:

Name:

Address:

City-St-Zip:

FILED Apr 24, 2008 Secretary of State

Entity Na	me: MRU LEN	IDING, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
600 LEXINGTON AVE., 3RD FLOOR NEW YORK, NY 10022				590 MADISON AVENUE 13TH FLOOR NEW YORK, NY 10022			
Current Mailing Address:				New Mailing Address:			
1114 AVENUE OF THE AMERICAS 30TH FLOOR NEW YORK, NY 10036				590 MADISON AVENUE 13TH FLOOR NEW YORK, NY 10022			
FEI Number	: 20-1728899	FEI Number Applied For ( )	FEI Nun	nber Not Appl	icable ( )	Certificate of Status Desired (	)
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
1200 SOU	PORATION SYS ITH PINE ISLAI ION, FL 33324	ND ROAD					
	e named entity s e of Florida.	submits this statement for th	ne purpose o	f changing i	ts registered	office or registered agent, or	both,
SIGNATUI	RE:						
	Electron	ic Signature of Registered	Agent			Date	
Election Car	mpaign Financing	Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	KHAN, RAZA	Delete N AVE., 3RD FLOOR ′ 10022		Title: Name: Address: City-St-Zip:	KHAN, RAZA	X) Change()Addition N AVENUE, 13TH FLOOR NY 10022	
Title: Name: Address: City-St-Zip:	ZEHIL, LOUIS V	N AVE., 3RD FLOOR		Title: Name: Address: City-St-Zip:	GARG, VISHA	N AVENUE, 13TH FLOOR	
Title: Name: Address: City-St-Zip:	GARG, VISHAL	Delete N AVE, 3RD FLOOR 10022		Title: Name: Address: City-St-Zip:	ANGELO, BE	HOLLOW RD. STE 239	

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 an an enterphase with an eddress with all other like empowered. above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: RAZA KHAN DPT 04/24/2008

(X) Delete

445 BROAD HOLLOW RD. STE 239

ANGELO, BERNARD

MELVILLE, NY 11747

() Change () Addition