2008 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Apr 08, 2008 08:00 A Secretary of State **DOCUMENT # F05000001471** 1. Entity Name LNT SERVICES, INC. Principal Place of Business Mailing Address **6 BRIGHTON ROAD 6 BRIGHTON ROAD** CLIFTON, NJ 07015 CLIFTON, NJ 07015 03312008 CR2E034 (11/05) No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0392093 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 IN THIS SPACE 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 FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS DP TITLE NAME DINICOLA, ROBERT J STREET ADDRESS 6 BRIGHTON RD CITY-ST-ZIP CLIFTON, NJ 07015 /18/08-80066-005 150.00 DV NAME ROWAN, FRANCIS M **6 BRIGHTON ROAD** STREET ADDRESS CITY-ST-ZIP CLIFTON, NJ 07015 TITLE NAME CODER, DAVID F **6 BRIGHTON ROAD** STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CLIFTON, NJ 07015 IN THIS SPACE TITLE

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 empowers 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 strength or the receiver of the corporation of the corporation of the receiver or trustee empowers.

SIGNATURE:

NAME STREET ADDRESS

TITLE NAME

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

GASWIRTH, RONALD M

6 BRIGHTON ROAD

CLIFTON, NJ 07015

HUMLER, ROBERT

6 BRIGHTON ROAD

CLIFTON, NJ 07015

BROWN, DAVID A

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CLIFTON, NJ 07015

Daytime Phone •