

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004936

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: FIRST MAN HIGHLAND CORP.

## Current Principal Place of Business:

580 WHITE PLAINS ROAD  
3RD FLOOR  
TARRYTOWN, NY 10591

## New Principal Place of Business:

## Current Mailing Address:

580 WHITE PLAINS ROAD  
3RD FLOOR  
TARRYTOWN, NY 10591

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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: PD ( ) Delete  
Name: IFSHIN, ADAM  
Address: 580 WHITE PLAINS ROAD, 3RD FLOOR  
City-St-Zip: TARRYTOWN, NY 10591

Title: S ( ) Delete  
Name: IFSHIN, STEPHEN  
Address: 580 WHITE PLAINS ROAD, 3RD FLOOR  
City-St-Zip: TARRYTOWN, NY 10591

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPS (X) Change ( ) Addition  
Name: IFSHIN, STEPHEN  
Address: 580 WHITE PLAINS ROAD, 3RD FLOOR  
City-St-Zip: TARRYTOWN, NY 10591

Title: VP ( ) Change (X) Addition  
Name: TAUB, DANIEL  
Address: 580 WHITE PLAINS ROAD, 3RD FLOOR  
City-St-Zip: TARRYTOWN, NY 10591

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: ADAM IFSHIN

PD

03/25/2009

Electronic Signature of Signing Officer or Director

Date