

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005613

FILED  
Apr 26, 2012  
Secretary of State

Entity Name: NORTHVILLE MANAGEMENT CORP.

**Current Principal Place of Business:**

25 MELVILLE PARK ROAD  
SUITE 210  
MELVILLE, NY 11747

**New Principal Place of Business:**

**Current Mailing Address:**

25 MELVILLE PARK ROAD  
SUITE 210  
MELVILLE, NY 11747

**New Mailing Address:**

FEI Number: 20-3863927

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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

**OFFICERS AND DIRECTORS:**

Title: S  
Name: LESSMANN, STEVEN A  
Address: 25 MELVILLE PARK ROAD, SUITE 210  
City-St-Zip: MELVILLE, NY 11747

Title: VS  
Name: MCCONAGHY, ELIZABETH A  
Address: 25 MELVILLE PARK ROAD, SUITE 210  
City-St-Zip: MELVILLE, NY 11747

Title: VT  
Name: RIPP, PETER J  
Address: 25 MELVILLE PARK ROAD, SUITE 210  
City-St-Zip: MELVILLE, NY 11747

Title: D  
Name: BERNSTEIN, GENE M  
Address: 25 MELVILLE PARK ROAD, SUITE 210  
City-St-Zip: MELVILLE, NY 11747

Title: CPD  
Name: BERNSTEIN, JAY H  
Address: 25 MELVILLE PARK ROAD, SUITE 210  
City-St-Zip: MELVILLE, NY 11747

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: STEVEN A LESSMANN

S

04/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date