2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001746

Entity Name: HANLEIGH MANAGEMENT, INC.

FILED Mar 20, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:			
	GON DRIVE				
Current Mailing Address:			New Mailing Address:		
ONE PARA SUITE 153 MONTVALE	GON DRIVE E, NJ 07645				
FEI Number: 2	22-2304147	FEI Number Applied For () FEI Num	nber Not Appli	licable () Certificate of Status Desired ()	
Name and	Address of Cu	rrent Registered Agent:	Name and	Address of New Registered Agent:	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US					
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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR					
Address: City-St-Zip: Title: Name: Address:	WINIKOFF, BRIA ONE PARAGON I MONTVALE, NJ	DRIVE D7645 Delete EY DRIVE	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	P (X) Change () Addition WINIKOFF, BRIAN 105 EISENHOWER PARKWAY ROSELAND, NJ 07068 V (X) Change () Addition FOLMER, MICHAEL 4250 CRUMS MILL ROAD HARRISBURG, PA 17112	
Title: Name: Address:		Delete CHELLE DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () DUNKIN, ELLEN ONE PARAGON I MONTVALE, NJ	R DRIVE	Title: Name: Address: City-St-Zip:	S (X) Change () Addition DUNKIN, ELLEN R 199 WATER STREET, 28TH FLOOR NEW YORK, NY 10038	
Title: Name: Address: City-St-Zip: Title:	GALVIN, MICHAE ONE PARAGON I MONTVALE, NJ V () E	DRIVE D7645 Delete	Title: Name: Address: City-St-Zip:	T (X) Change () Addition GALVIN, MICHAEL 4250 CRUMS MILL ROAD HARRISBURG, PA 17112 () Change () Addition	
Name: Address: City-St-Zip:	SOUTHALL, GRA ONE PARAGON I MONTVALE, NJ	DRIVE	Name: Address: City-St-Zip:		

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: DEBORAH ATTICKS CS 03/20/2009