2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 24, 2005
Secretary of State

DOCUMENT# F93000001537

Entity Name: HERBERT LUTZ AND CO., INC.

Current Principal Place of Business:

POST OFFICE BOX 1247
LINDEN, NJ 07036

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1247
LINDEN, NJ 07036

New Mailing Address:

FEI Number: 22-1617726 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUTZ, HENRY J
2200 NW 17TH ST.
POMPANO BEACH, FL 33069 US

Name and Address of New Registered Agent:

LUTZ, STUART H
2200 NW 17TH ST.
POMPANO BEACH, FL 33069 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: STUART H LUTZ 03/24/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LUTZ, RICHARD
Address: 2020 CLINTON ST.
City-St-Zip: LINDEN, NJ 07036 US

Title: VP ( ) Delete
Name: RANDOLPH, G D
Address: 2200 NW 17 ST
City-St-Zip: POMPANO BCH, FL 33069 US

Title: TVP ( ) Delete
Name: LUTZ, HENRY J
Address: 2020 CLINTON ST.
City-St-Zip: LINDEN, NJ 07036 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: VP S ( ) Change (X) Addition
Name: LUTZ, STUART H
Address: 2200 NW 17 STREET
City-St-Zip: POMPANO BEACH, FL 33069 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: STUART H LUTZ S 03/24/2005
Electronic Signature of Signing Officer or Director Date