
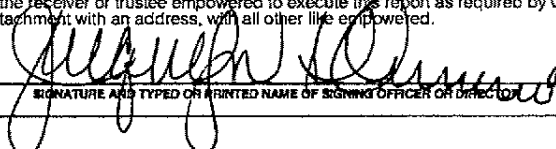
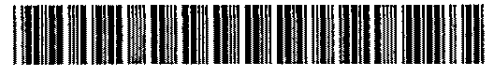


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 25, 2005 08:00 AM
Secretary of State**

DOCUMENT # F93000001767		
1. Entity Name LAMAR EASTERN, INC.		
Principal Place of Business 365 SOUTH STREET MORRISTOWN, NJ 07960	Mailing Address 365 SOUTH STREET MORRISTOWN, NJ 07960	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES STREET SUITE 105 TALLAHASSEE, FL 32301		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANG, LARRY C 365 SOUTH STREET MORRISTOWN, NJ 07960	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD KALKUS, PETER 365 SOUTH STREET MORRISTOWN, NJ 07960	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST QUINN, JACQUELYN 365 SOUTH STREET MORRISTOWN, NJ 07960	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JAMES, JEFFREY 365 SOUTH STREET MORRISTOWN, NJ	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KALKUS, MARK P 365 SOUTH STREET MORRISTOWN, NJ	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 empowered 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 other like empowered.		
SIGNATURE: 		4/21/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



02082005 No Chg-P CR2E034 (10/03)

4. FEI Number 22-3084512	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

000000330217
04/25/05-80149-020 150.00

**DO NOT WRITE
IN THIS SPACE**