2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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## Apr 16, 2004 8:00 am Secretary of State DOCUMENT # F94000005292 1. Entity Name 04-16-2004 90052 022 \*\*\*150.00 LEXINGTON MARK PROPERTIES CORP. Principal Place of Business Mailing Address 26 PARK PLACE WEST 212 W MAIN STREET 2ND FLOOR MORRISTOWN NJ 07960 STF 300 DURHAM NC 27701 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) 4. FEI Number Applied For City & State City & State 56-1611429 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7.-Name and Address of New Registered Agent Name UNITED CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 9200 SOUTH DADELAND BLVD. SUITE 508 MIAMI FL 33156-0000 Zip Code 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition WIDMARK, ANDREW B NAME NAME 809 HERMITAGE COURT DRIVE STREET ADDRESS STREET ADDRESS DURHAM NC CITY-ST-ZIP CITY-ST-7IP SD ☐ Change ☐ Delete TITLE Addition TITLE WIDMARK, VIRGINIA H NAME NAME STREET ADDRESS 809 HERMITAGE COURT DRIVE STREET ADDRESS CITY-ST-ZIP DURHAM NO CITY-ST-ZIP TITLE Defete TITLE ☐ Change = ☐ Addition NAME ROCCESANO, RICHARD NAME STREET ADDRESS 212 W MAIN STREET STREET ADDRESS CITY-ST-7IP DURHAM NC 27701 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE WIDMARK, KATHERINE T NAME NAME 26 PARK PLACE WEST STREET ADDRESS STREET ADDRESS MORRISTOWN NJ 07960 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify 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 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

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