## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F95000005004

Name:

Address:

City-St-Zip:

Entity Name: B-R CORP. OF NORTH CAROLINA

FILED Apr 11, 2008 Secretary of State

Littly Nai	ille. B-R COR	F. OF NORTH CAROLINA				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
100 BROA NEW YOR	DWAY RK, NY 10004					
Current Mailing Address:			New Mailing Address:			
SUITE 160	SANTVILLE RE 5 FF MANOR, N					
FEI Number:	: 13-3765048	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and	Address of	f New Registered Agent:	
1200 S. PII	ORATION SYS NE ISLAND RI ION, FL 33324	).				
	named entity se of Florida.	submits this statement for the p	purpose of changing i	its registered	d office or registered agent, or both,	
SIGNATU	RE:					
Electronic Signature of Registered Age			ent	Date		
Election Car	ກpaign Financinຸ	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Otty-Ct-Zip:	KREITZBERG, 520 GRADYVIL NEWTOWN SQ SDCF () WHITHEAD, JO 115 BIRCHWOOL LAWRENCEVIL	LE ROAD UARE, PA 19073 Delete HN DD	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	KREITZBER: 1 INTERNAT PHILADELP! P KAPLAN, AR 1 INTERNAT PHILADELP! S CURLEY, M/ 555 PLEASA	IONAL PLAZA HIA, PA 19013 ( ) Change (X) Addition ARY NTVILLE ROAD	
City-St-Zip:	( )	Delete	City-St-Zip: Title:		MANOR, NY 10510  ( ) Change (X) Addition	

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.

Name:

Address:

City-St-Zip:

O'BRIEN, JAMÉS M

555 PLEASANTVILLE ROAD

BRIARCLIFF MANOR, NY 10510

SIGNATURE: MARY CURLEY S 04/11/2008