

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2008 8:00 am
Secretary of State

01-23-2008 90009 014 ***150.00

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1. Entity Name
BALTIC LINEN COMPANY, INC.



Principal Place of Business
260 W SUNRISE HWY
VALLEY STREAM, NY 11582-9017

Mailing Address
260 W SUNRISE HWY
VALLEY STREAM, NY 11582-9017

2. Principal Place of Business - No P.O. Box #
1999 Marcus Avenue

3. Mailing Address
P.O. Box 5485

Suite, Apt. #, etc.
300

Suite, Apt. #, etc.

City & State
Lake Success, NY

City & State
Lake Success, NY

01082008 Chg-P CR2E034 (12/06)

4. FEI Number
13-2513833

Applied For
Not Applicable

Zip
11042

Country
USA

Zip
11040-5485

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE C ☒ Delete
NAME GREENBERG, MARVIN
STREET ADDRESS 530 E 72ND ST
CITY-STATE-ZIP NY, NY

TITLE CS ☐ Delete
NAME GREENBERG, FRANK
STREET ADDRESS 180 E END AVE
CITY-STATE-ZIP NY, NY

TITLE CT ☐ Delete
NAME LICHTER, MARK
STREET ADDRESS 35 HUDSON BLUFFS
CITY-STATE-ZIP TIVOLI, NY 12583

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/15/08

516-791-9500

Date

Daytime Phone #