

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 17, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # F97000006683**

1. Entity Name  
**LOST TREE CORP.**



Principal Place of Business  
**C/O 40 WEST 57TH ST  
25TH FLOOR  
NEW YORK, NY 10019 US**

Mailing Address  
**C/O 40 WEST 57TH ST  
25TH FLOOR  
NEW YORK, NY 10019 US**



01112006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0798554**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**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 \_\_\_\_\_

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, 2006 Fee will be \$350.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PSD
NAME	KERNER, GERALD
STREET ADDRESS	40 W 57TH ST 25TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10019
TITLE	CD
NAME	DRUCKENMILLER, STANLEY F
STREET ADDRESS	40 W. 57TH STREET 25TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10119
TITLE	T
NAME	SHAY, MICHAEL A
STREET ADDRESS	2579 WASHINGTON ROAD SUITE 322
CITY-ST-ZIP	PITTSBURGH, PA 15241
TITLE	AT
NAME	HALESKI, JOSEPH W
STREET ADDRESS	2579 WASHINGTON ROAD, SUITE 322
CITY-ST-ZIP	PITTSBURGH, PA 15241
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/20/06-80025-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

**Joseph W. Haleski**

**1/11/06**

**412-854-3112**

Date

Daytime Phone #