

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F98000001309

1. Entity Name  
LEHMAN ALI INC.



FILED

07 MAY -9 PM 3:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

745 7TH AVE  
NEW YORK, NY 10019 US

Mailing Address

70 HUDSON STREET  
JERSEY CITY, NJ 07302 US

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03292007

Chg-P

CR2E034 (12/06)

4. FEI Number  
13-3695935

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME WALSH, MARK A  
STREET ADDRESS 745 7TH AVE  
CITY-ST-ZIP NEW YORK, NY 10019

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
300103022293  
05/22/07--01035--001 \*\*\$900.00

TITLE V ☐ Delete  
NAME MANSON, KAREN C  
STREET ADDRESS 745 7TH AVE  
CITY-ST-ZIP NEW YORK, NY 10019

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

TITLE S ☐ Delete  
NAME WELIKSON, JEFFREY A  
STREET ADDRESS 745 7TH AVE  
CITY-ST-ZIP NEW YORK, NY 10019

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

TITLE T ☐ Delete  
NAME LOWITT, IAN  
STREET ADDRESS 745 7TH AVE  
CITY-ST-ZIP NEW YORK, NY 10019

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

TITLE AT ☐ Delete  
NAME O'BRIEN, BARRY J  
STREET ADDRESS 70 HUDSON ST  
CITY-ST-ZIP JERSEY CITY, NJ 07302

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-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

Barry J. O'Brien

04/17/07

(201) 449-6899

Date

Daytime Phone #