2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F98000002951

1. Entity Name
THE NEW YORK LAW PUBLISHING COMPANY

Principal Place of Business	Mailing Address
345 PARK AVE. SOUTH	345 PARK AVE. SOUTH
NEW YORK, NY 10010	NEW YORK, NY 10010

DO NOT WRITE IN THIS SPACE

4'0088878

05262005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
13-3273851		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 $550.00
Due by September 7, 2005

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

10.   OFFICERS AND DIRECTORS

TITLE	DP
NAME	POLLAK, WILLIAM L
STREET ADDRESS	20 GARDEN RIDGE
CITY-ST-ZIP	CHAPPAQUA, NY 10514
TITLE	DVS
NAME	BAGARIA, ANUP
STREET ADDRESS	106 CENTRAL PARK SOUTH APT. 10N
CITY-ST-ZIP	NEW YORK, NY 10019
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _WILLIAM POLLAK_ _5/24/05_ _212-545-6123_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #