

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2004 8:00 am
Secretary of State

08-11-2004 90001 047 ***150.00

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1. Entity Name
NATHAN & LEWIS ASSOCIATES, INC.



Principal Place of Business **One MetLife Plaza**
260 MADISON AVE
10TH FLOOR 27-01 Queens Plz. N.
NEW YORK, NY 10016
Long Island City, NY 11101

Mailing Address **One MetLife Plaza**
260 MADISON AVE
10TH FLOOR 27-01 Queens Plz. N.
NEW YORK, NY 10016
Long Island City, NY 11101

54067654



DO NOT WRITE IN THIS SPACE

07162004 No Chg-P CR2E034 (10/03)

4. FEI Number **13-3547452** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	Kimberly B. Kirsopp
STREET ADDRESS	485-E US Hwy. 1 S.
CITY-ST-ZIP	Iselin, NJ 08830 NJ
TITLE	ATRE
NAME	BROWN, LEO R
STREET ADDRESS	One MetLife Plaza
CITY-ST-ZIP	Long Island City, NY 11101
TITLE	P/Chairman of the Board/C E O/Director
NAME	Michael K. Farrell
STREET ADDRESS	10 Park Avenue
CITY-ST-ZIP	Morristown, NJ 07962
TITLE	ATRE
NAME	HARRISON, GREGORY M
STREET ADDRESS	One MetLife Plaza
CITY-ST-ZIP	Long Island City, NY 11101
TITLE	Treasurer
NAME	James P. Bossert
STREET ADDRESS	10 Park Avenue
CITY-ST-ZIP	Morristown, NJ 07962
TITLE	VP
NAME	Craig W. Markham
STREET ADDRESS	13045 Tesson Ferry Road
CITY-ST-ZIP	St. Louis, MO 63128

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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: *Gregory M. Harrison* **Gregory M. Harrison, Asst. Treasurer, 8 / 3 /04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #