2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# F99000003795

Entity Name: LVI SERVICES OF NORTH CAROLINA INC.

Current Principal Place of Business:

1416 SOUTH BOUNDARY STREET
SALISBURY, NC 28144

New Principal Place of Business:

80 BROAD STREET
3RD FLOOR
NEW YORK, NY 100004

Current Mailing Address:

80 BROAD STREET
3RD FLOOR
NEW YORK, NY 10004

New Mailing Address:

FEI Number: 11-3351193 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	V	( ) Delete
Name:	ARELLO, FRANK	
Address:	462 44 AVE	
City-St-Zip:	CLIFTON, NJ 07011	
Title:	DV	( ) Delete
Name:	CUTRONE, PAUL S	
Address:	80 BROAD STREET, 3RD FLOOR	
City-St-Zip:	NEW YORK, NY 10004	
Title:	TS	( ) Delete
Name:	ANNARUMMA, JOSEPH	
Address:	80 BROAD STREET, 3RD FLOOR	
City-St-Zip:	NEW YORK, NY 10004	
Title:	D	( ) Delete
Name:	FRIED, BURTON T	
Address:	80 BROAD STREET, 3RD FLOOR	
City-St-Zip:	NEW YORK, NY 10004	
Title:	D	( ) Delete
Name:	MCNAMARA, ROBERT A	
Address:	80 BROAD STREET 3RD FL	
City-St-Zip:	NEW YORK, NY 10004	
Title:	V	( ) Delete
Name:	COON, THOMAS W	
Address:	4719 OAK FAIR BLVD	
City-St-Zip:	TAMPA, FL 33610	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	V	(X) Change ( ) Addition
Name:	AIELLO, FRANK	
Address:	462 GETTY AVE	
City-St-Zip:	CLIFTON, NJ 07011	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH ANNARUMMA TREA 01/07/2009

Electronic Signature of Signing Officer or Director — Date