

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M03000003921

**FILED**  
**Apr 24, 2011**  
**Secretary of State**

**Entity Name:** HARRISON & SHRIFTMAN LLC

**Current Principal Place of Business:**

141 WEST 36TH STREET  
12TH FLOOR  
NEW YORK, NY 10018

**New Principal Place of Business:**

**Current Mailing Address:**

141 WEST 36TH STREET  
NEW YORK, NY 10018

**New Mailing Address:**

**FEI Number:** 20-0363810

**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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** HARRISON, THOMAS L  
**Address:** 437 MADISON AVENUE  
**City-St-Zip:** NEW YORK, NY 10022

**Title:** MGR  
**Name:** ADAMS, DALE  
**Address:** 437 MADISON AVENUE  
**City-St-Zip:** NEW YORK, NY 10022

**Title:** MGR  
**Name:** ZANGARA, DEBORAH E  
**Address:** 437 MADISON AVENUE  
**City-St-Zip:** NEW YORK, NY 10022

**Title:** MGR  
**Name:** HARRISON, ELIZABETH  
**Address:** 437 MADISON AVENUE  
**City-St-Zip:** NEW YORK, NY 10022

**Title:** MGR  
**Name:** SHRIFTMAN, LARA  
**Address:** 437 MADISON AVENUE  
**City-St-Zip:** NEW YORK, NY 10022

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** DEBORAH E. ZANGARA

MGR

04/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date