## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000000088

Entity Name: BERLIN LEHMAN FUND, INC.

FILED Apr 24, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

200 OCEAN LANE DR 1221 SEVILLA

CORAL GABLES, FL 33134 PA-9 US

KEY BISCAYNE, FL 33149

PD

**New Mailing Address: Current Mailing Address:** 

200 OCEAN LANE DR 1221 SEVILLA

PA-9 CORAL GABLES, FL 33134 US KEY BISCAYNE, FL 33149

FEI Number: 33-0160740 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEHMAN, WILLIAM LEHMAN, WILLIAM SD 200 OCEAN LANE DR 1221 SEVILLA

CORAL GABLES, FL 33134 US KEY BISCAYNE, FL 33149 US

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: WILLIAM LEHMAN 04/24/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete LEHMAN, WILLIAM SEC-DIR LEHMAN, WILLIAM SEC-DIR Name: Name:

200 OCEAN LN DR Address: 1221 SEVILLA Address:

City-St-Zip: KEY BISCAYNE, FL 33149 City-St-Zip: CORAL GABLES, FL 33134 US

Title: ( ) Delete Title: (X) Change ( ) Addition MILLER, TERRY Name: MILLER, TERRY Name:

Address: 3345 NORTH 51ST BLVD Address: 3345 NORTH 51ST BLVD City-St-Zip: MILWAUKEE, WI 53216 City-St-Zip: MILWAUKEE, WI 53216 US

Title: () Delete Title: (X) Change ( ) Addition

LEHMAN, KENNETH LEHMAN, KENNETH Name: Name: 28 NEWELL RIDGE RD 28 NEWELL RIDGE RD Address: Address:

City-St-Zip: CUMBERLAND CENTER, ME 04021 City-St-Zip: CUMBERLAND CENTER, ME 04021 US

( ) Delete Title: Title: (X) Change ( ) Addition

Name: DRAY, LAURA Name: DRAY, LAURA 1221 SEVILLA Address: Address: 1221 SEVILLA

City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: CORAL GABLES, FL 33134 D

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM LEHMAN SD 04/24/2009