

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000091193

**FILED**  
**Mar 19, 2009**  
**Secretary of State**

**Entity Name:** LNB COMMERCIAL CAPITAL CORPORATION

**Current Principal Place of Business:**

500 N. MAITLAND AVE  
SUITE 312  
MAITLAND, FL 32751

**New Principal Place of Business:**

20 EAST MAIN STREET  
MAPLE SHADE, NJ 08052

**Current Mailing Address:**

500 N. MAITLAND AVE.  
SUITE 312  
MAITLAND, FL 32751

**New Mailing Address:**

20 EAST MAIN STREET  
MAPLE SHADE, NJ 08052

**FEI Number:** 20-1246945

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LILLEY, DAVID  
500 N. MAITLAND AVE  
SUITE 312  
MAITLAND, FL 32751 US

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

NICOLAIS, MICHAEL M  
20 EAST MAIN STREET  
MAPLE SHADE, FL 08052 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: MICHAEL M. NICOLAIS

03/19/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DPS ( ) Delete  
Name: NICOLIAS, MICHEAL  
Address: 500 N. MAITLAND AVE ST 312  
City-St-Zip: MAITLAND, FL 32751

Title: VT ( ) Delete  
Name: LILLEY, DAVID  
Address: 500 N. MAITLAND AVE ST 312  
City-St-Zip: MAITLAND, FL 32751

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

Title: DPS (X) Change ( ) Addition  
Name: NICOLIAS, MICHEAL  
Address: 20 EAST MAIN STREET  
City-St-Zip: MAPLE SHADE, NJ 08052

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: MICHAEL M. NICOLAIS

PRES

03/19/2009

Electronic Signature of Signing Officer or Director

Date