2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11577

FILED Apr 25, 2006 Secretary of State

Entity Name: HALLMAN & LORBER ASSOCIATES, INC.

	Current Principal Place of Business:			New Principal Place of Business:		
	SUNRISE HWY.					
SUITE 411 VALLEY S	TREAM, NY 115	581				
Current Mailing Address:			New Maili	New Mailing Address:		
	500 W MADISON			-		
SUITE 240 CHICAGO	00	V O1				
FEI Number:	: 11-2357233	FEI Number Applied For ()	FEI Number Not Appl	licable () Certificate of Status Desired ()		
Name and	Address of Cu	rrent Registered Agent:	Name and	Address of New Registered Agent:		
C/O CT C0 1200 SOU	ORATION SYST ORPORATION S TH PINE ISLANI ON, FL 33324 (YSTEM ORD.				
	named entity su e of Florida.	bmits this statement for the p	urpose of changing i	its registered office or registered agent, or both,		
SIGNATUR	RE:					
	Electronic	Signature of Registered Age	nt	Date		
Election Car	npaign Financing 1	rust Fund Contribution ().				
OFFICERS	S AND DIRECTO	DRS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	ESD () D LORBER, HOWAF 70 EAST SUNRIS VALLEY STREAM	RD E HWY, STE 411	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	V () D LIESER, LORI M 500 W. MADISON CHICAGO, IL 606	, SUITE 3650	Title: Name: Address: City-St-Zip:	V (X) Change () Addition LIESER, LORI M 500 W. MADISON, SUITE 2400 CHICAGO, IL 60661		
Title: Name: Address: City-St-Zip:	V () D HINKSON, MALIK 787 7TH AVE, 11 ⁻ NEW YORK, NY	4 TH FLOOR	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () D LIEBOWITZ, MICI 70 E. SUNRISE H VALLEY STREAM	HAEL WY, #411	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () D ZUCCARO, ROBE 787 SEVENTH AV NEW YORK, NY	RT E, 49TH FLOOR	Title: Name: Address: City-St-Zip:	D (X) Change () Addition ZUCCARO, ROBERT 787 SEVENTH AVE, 11TH FLOOR NEW YORK, NY 10019		
Title: Name: Address: City-St-Zip:	TP () D GLICKMAN, MOR 70 EAST SUNRIS VALLEY STREAM	RIS E HWY, STE 411	Title: Name: Address: City-St-Zip:	() Change () Addition		

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: LORI M. LIESER VP 04/25/2006