2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P31941

445 E 86TH STREET

NEW YORK, NY

Address: City-St-Zip:

Entity Name: L.C. SERVICE COMPANY \DELAWARE\ INC.

FILED Jan 05, 2005 Secretary of State

_maily ital		COLO COM AND IDELANDA	-t, 11 v O.		
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
8TH FLOC	RNE AVENUE OR TAX DEPT ERGEN, NJ (•			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
8TH FLOC	RNE AVENUE OR TAX DEPT ERGEN, NJ (•			
FEI Number:	: 22-3039893	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
PRENTICE HALL CORP. SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US			1201 HAYS STREET	PRENTICE HALL CORP. SYSTEM 1201 HAYS STREET TALLAHASSEE, FL 32301 US	
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				01/05/2005	
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CD (CHARRON, PA 1441 BROADN NEW YORK, N	WAY	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	VAS (KARP, ROBEF %1441 BROA NEW YORK, N	DWAY	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name:	VP (BOLLBACH, K) Delete EVIN M	Title: (Name:) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Address:

City-St-Zip:

SIGNATURE: KEVIN BOLLBACH VP 01/05/2005