


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P32981</b>	
1. Entity Name <b>LEBHAR-FRIEDMAN, INC.</b>	

Principal Place of Business <b>425 PARK AVENUE NEW YORK, NY 10022</b>	Mailing Address <b>425 PARK AVENUE NEW YORK, NY 10022</b>
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**DO NOT WRITE IN THIS SPACE**



04252005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>13-5625619</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and this if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD FRIEDMAN, J. ROGER 425 PARK AVENUE NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLMOTT, PETER 919 N MICHIGAN AVENUE, SUITE 1220 CHICAGO, IL 60611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, JAMES 425 PARK AVENUE NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARLETTA, JOSEPH 425 PARK AVENUE NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MILLS, DANIEL 425 PARK AVENUE NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILDES, DAVID 8 OLDE WOODS LANE WOODCLIFF LAKES, NJ 07675

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IN THIS SPACE**

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05/05/05-80069-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u><i>Daniel J. Mills</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u><i>DANIEL J. MILLS</i></u> VICE PRESIDENT / TREAS	Date <u><i>4/21/05</i></u>	Daytime Phone # <u><i>212-756-5000</i></u>
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