

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000000032

**Entity Name:** LIEBERMAN MANAGEMENT SERVICES, INC.**Current Principal Place of Business:**25 NORTHWEST POINT, SUITE 330  
ELK GROVE VILLAGE, IL 60007**Current Mailing Address:**25 NORTHWEST POINT, SUITE 330  
ELK GROVE VILLAGE, IL 60007 US**FEI Number: 36-3878933****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LIEBERMAN, STANLEY  
5653 NW 23RD TERRACE  
BOCA RATON, FL 33496 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	CST
Name	LIEBERMAN, STANLEY
Address	5653 NW 23RD TERRACE
City-State-Zip:	BOCA RATON FL 33496

Title	VCP
Name	PIO, JIM
Address	25 NW POINT BLVD, STE 330
City-State-Zip:	ELK GROVE VILLAGE IL 60007

Title	VP
Name	SANTORO, JOHN
Address	25 NW POINT BLVD, STE 330
City-State-Zip:	ELK GROVE VILLAGE IL 60007

Title	CFO
Name	ADAM, KEVIN
Address	25 NORTHWEST POINT, SUITE 330
City-State-Zip:	ELK GROVE VILLAGE IL 60007

Title	CEO
Name	KENNEDY, CARLA
Address	25 NORTHWEST POINT, SUITE 330
City-State-Zip:	ELK GROVE VILLAGE IL 60007

*I hereby 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 all other like empowered.*

**SIGNATURE: KEVIN ADAM****CFO****03/02/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date