

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 626709

**FILED  
Apr 12, 2017  
Secretary of State  
CC5362336452**

**Entity Name:** LUDLUM CORPORATION

**Current Principal Place of Business:**

C/O ORA ASSOCIATES LLC  
155 WEST 70TH ST, APT 3A  
NEW YORK, NY 10023

**Current Mailing Address:**

C/O ORA ASSOCIATES  
155 WEST 70TH ST, APT 3A  
NEW YORK, NY 10023 US

**FEI Number:** 59-1918635

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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            PRESIDENT  
Name            SHULEVITZ, WILLIAM  
Address        C/O ORA ASSOCIATES LLC  
                  155 WEST 70TH ST, APT 3A  
City-State-Zip: NEW YORK NY 10023

Title            SECRETARY  
Name            SHULEVITZ, DEBORAH  
Address        C/O ORA ASSOCIATES LLC  
                  155 WEST 70TH ST, APT 3A  
City-State-Zip: NEW YORK NY 10023

Title            TREASURER, DIRECTOR  
Name            SHULEVITZ, MICHAEL  
Address        C/O ORA ASSOCIATES LLC  
                  155 WEST 70TH ST, APT 3A  
City-State-Zip: NEW YORK NY 10023

Title            VP  
Name            SHULEVITZ, JUDITH  
Address        C/O ORA ASSOCIATES LLC  
                  155 WEST 70TH ST, APT 3A  
City-State-Zip: NEW YORK NY 10023

*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:** WILLIAM SHULEVITZ

**PRESIDENT**

**04/12/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date