


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90162 005 ***150.00

DOCUMENT # P11577			
1. Entity Name HALLMAN & LORBER ASSOCIATES, INC.			
Principal Place of Business 70 EAST SUNRISE HWY. SUITE 411 VALLEY STREAM, NY 11581		Mailing Address 787 7TH AVENUE 49TH FLOOR NEW YORK, NY 10019	
2. Principal Place of Business		3. Mailing Address <i>4th NYP, 500 W. Madison St</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Suite 2400</i>	
City & State		City & State <i>Chicago, IL</i>	
Zip	Country	Zip	Country
		<i>60661</i>	<i>USA</i>
4. FEI Number 11-2357233		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTSD <input type="checkbox"/> Delete	TITLE	<i>ESD</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORBER, HOWARD	NAME	
STREET ADDRESS	70 EAST SUNRISE HWY, STE 411	STREET ADDRESS	
CITY-ST-ZIP	VALLEY STREAM, NY 11581	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIESER, LORI M.	NAME	
STREET ADDRESS	500 W. MADISON, SUITE 3650 <i>2400</i>	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO, IL 60661	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSON, STEPHANIE S	NAME	<i>Hinkson, Malika</i>
STREET ADDRESS	787 SEVENTH AVE. 49TH FLOOR	STREET ADDRESS	<i>787 Seventh Ave, 11th Floor</i>
CITY-ST-ZIP	NEW YORK, NY 10019	CITY-ST-ZIP	<i>New York, NY 10019</i>
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEBOWITZ, MICHAEL	NAME	
STREET ADDRESS	70 E. SUNRISE HWY, #411	STREET ADDRESS	
CITY-ST-ZIP	VALLEY STREAM, NY 11581	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUCCARO, ROBERT	NAME	
STREET ADDRESS	787 SEVENTH AVE, 49TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10019	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<i>TP Glickman, Morris</i>
STREET ADDRESS		STREET ADDRESS	<i>70 East Sunrise Hwy, Ste 411</i>
CITY-ST-ZIP		CITY-ST-ZIP	<i>Valley Stream, NY 11581</i>
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: <i>Lori M. Lieser</i>		Date: <i>4-21-05</i> Daytime Phone #: <i>312-985-5100</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

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