

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11577

FILED
Apr 23, 2007
Secretary of State

Entity Name: HALLMAN & LORBER ASSOCIATES, INC.

Current Principal Place of Business:

70 EAST SUNRISE HWY.
SUITE 411
VALLEY STREAM, NY 11581

New Principal Place of Business:

Current Mailing Address:

C/O NFP, 500 W MADISON ST
SUITE 2400
CHICAGO, IL 60661

New Mailing Address:

FEI Number: 11-2357233 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 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

04/23/2007

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ESD () Delete
Name: LORBER, HOWARD
Address: 70 EAST SUNRISE HWY, STE 411
City-St-Zip: VALLEY STREAM, NY 11581

Title: V () Delete
Name: LIESER, LORI M
Address: 500 W. MADISON, SUITE 2400
City-St-Zip: CHICAGO, IL 60661

Title: V () Delete
Name: HINKSON, MALIKA
Address: 787 7TH AVE, 11TH FLOOR
City-St-Zip: NEW YORK, NY 10019

Title: D () Delete
Name: LIEBOWITZ, MICHAEL
Address: 70 E. SUNRISE HWY, #411
City-St-Zip: VALLEY STREAM, NY 11581

Title: D () Delete
Name: ZUCCARO, ROBERT
Address: 787 SEVENTH AVE, 11TH FLOOR
City-St-Zip: NEW YORK, NY 10019

Title: TP () Delete
Name: GLICKMAN, MORRIS
Address: 70 EAST SUNRISE HWY, STE 411
City-St-Zip: VALLEY STREAM, NY 11581

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: LORBER, HOWARD
Address: 70 EAST SUNRISE HWY, STE 411
City-St-Zip: VALLEY STREAM, NY 11581

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

SIGNATURE: LORI M. LIESER

Electronic Signature of Signing Officer or Director

VP

04/23/2007

Date