

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90094 001 ***150.00

DOCUMENT # 821389

1. Entity Name
FIRST INVESTORS CORPORATION



Principal Place of Business
**95 WALL STREET
NEW YORK NY 10005**

Mailing Address
**581 MAIN STREET
WOODBIDGE NJ 07095
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **13-2608328**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **C** ☐ Delete
NAME **HEAD, GLENN O**
STREET ADDRESS **95 WALL STREET**
CITY-ST-ZIP **NEW YORK NY**

TITLE **PD** ☐ Delete
NAME **FLANAGAN, ROBERT**
STREET ADDRESS **95 WALL STREET**
CITY-ST-ZIP **NEW YORK NY 10005**

TITLE **VP** ☐ Delete
NAME **HEAD, KATHRYN S**
STREET ADDRESS **581 MAIN STREET**
CITY-ST-ZIP **WOODBIDGE NJ 07095**

TITLE **SVP** ☐ Delete
NAME **MILLER, FREDERICK**
STREET ADDRESS **581 MAIN STREET**
CITY-ST-ZIP **WOODBIDGE NJ 07095**

TITLE **SGC** ☐ Delete
NAME **LAVOIE, LARRY R**
STREET ADDRESS **95 WALL STREET**
CITY-ST-ZIP **NEW YORK NY**

TITLE **T** ☐ Delete
NAME **LIPKUS, WILLIAM M**
STREET ADDRESS **581 MAIN STREET**
CITY-ST-ZIP **WOODBIDGE NJ 07095**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 links empowered.

SIGNATURE:

SIGNATURE REQUIRED

William Lipkus

1/24/03 (732)855-2770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)