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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 855623 (5)**  
1. Corporation Name  
**LOEB PARTNERS CORPORATION**

Principal Place of Business      Mailing Address  
**61 BROADWAY                      61 BROADWAY**  
**NEW YORK NY 10006              NEW YORK NY 10006**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**02/24/1983                              02/10/1994**

|                                |  |                         |  |   |  |  |  |
|--------------------------------|--|-------------------------|--|---|--|--|--|
| 2. Principal Place of Business |  | 2a. Mailing Address     |  | 4. FEI Number   |  | Applied For  |  |
| 21                             |  | 26                      |  | 13-3114801  |  | Not Applicable   |  |
| 22. Suite, Apt. #, etc.        |  | 27. Suite, Apt. #, etc. |  | 5. Certificate of Status Desired  |  | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required<br><input type="checkbox"/> \$5.00 May Be Added to Fees |  |
| 23. City & State               |  | 28. City & State        |  | 6. Election Campaign Financing Trust Fund Contribution                                  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| 24. Zip                        |  | 29. Zip                 |  | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes |  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| 25. Country                    |  | 30. Country             |  |   |  |  |  |

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent                                   |  |  |  | 10. Name and Address of New Registered Agent          |  |  |  |
| <b>CT CORPORATION SYSTEM<br/>1200 S. PINE ISLAND ROAD<br/>PLANTATION FL 33324</b> |  |  |  | B1 Name   |  |  |  |
|   |  |  |  | B2 Street Address (P.O. Box Number is Not Acceptable) |  |  |  |
|   |  |  |  | B3  |  |  |  |
|   |  |  |  | B4 City   |  |  |  |
|   |  |  |  | <b>FL</b>   |  |  |  |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--------------------|---|---|
| TITLE                      | SD                 | 1.1 TITLE   | Sr. V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | ROWE, IRWIN D.     | 1.2 NAME  | Vicki Z. Holleman   |
| STREET ADDRESS             | 981 JEROME AVE.    | 1.3 STREET ADDRESS                                    | 322 W. 72nd St.   |
| CITY-ST-ZIP                | BALDWIN NY         | 1.4 CITY-ST-ZIP                                       | N.Y., N.Y. 10023  |
| TITLE                      | VT                 | 2.1 TITLE   | Ex. V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | CAMPBELL, EDWARD   | 2.2 NAME  | Arthur E. Lee   |
| STREET ADDRESS             | 61 BROADWAY        | 2.3 STREET ADDRESS                                    | 3 Friar Tuck Ct.  |
| CITY-ST-ZIP                | NEW YORK NY        | 2.4 CITY-ST-ZIP                                       | Warren N.J. 07050   |
| TITLE                      | D                  | 3.1 TITLE   | Ex. V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | LOEB, JOHN L.      | 3.2 NAME  | Peter A. Tcherepnine  |
| STREET ADDRESS             | 730 PARK AVE.      | 3.3 STREET ADDRESS                                    | 1192 Park Avenue  |
| CITY-ST-ZIP                | N.Y. NY            | 3.4 CITY-ST-ZIP                                       | N.Y., N.Y. 10128  |
| TITLE                      | D                  | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| NAME                       | LOEB, HENRY A.     | 4.2 NAME  |   |
| STREET ADDRESS             | 50 E. 77TH ST.     | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | N.Y. NY            | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | DC                 | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| NAME                       | KEMPNER, THOMAS L. | 5.2 NAME  |   |
| STREET ADDRESS             | 895 PARK AVE.      | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | N.Y. NY            | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                    | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| NAME                       |                    | 6.2 NAME  |   |
| STREET ADDRESS             |                    | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                    | 6.4 CITY-ST-ZIP                                       |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Vicki Z. Holleman      1-12-95      (212) 483-7047  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Mailing Phone #  
**Vicki Z. Holleman**