

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **855623** (5)

1. Corporation Name:
LOEB PARTNERS CORPORATION



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/24/1983	3a. Date of Last Report 01/20/1995
21	State, Apt. #, etc.	26	State, Apt. #, etc.	4. FEI Number 13-3114801	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	SD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ROWE, IRWIN D.			1.2 NAME			
STREET ADDRESS	981 JEROME AVE.			1.3 STREET ADDRESS			
CITY-STATE-ZIP	BALDWIN NY			1.4 CITY-STATE-ZIP			
TITLE	VT	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CAMPBELL, EDWARD			2.2 NAME			
STREET ADDRESS	61 BROADWAY			2.3 STREET ADDRESS			
CITY-STATE-ZIP	NEW YORK NY			2.4 CITY-STATE-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LOEB, JOHN L.			3.2 NAME			
STREET ADDRESS	730 PARK AVE.			3.3 STREET ADDRESS			
CITY-STATE-ZIP	N.Y. NY			3.4 CITY-STATE-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		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-STATE-ZIP	N.Y. NY			4.4 CITY-STATE-ZIP			
TITLE	DC	<input type="checkbox"/> DELETE		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-STATE-ZIP	N.Y. NY			5.4 CITY-STATE-ZIP			
TITLE	SRVP	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HOLLEMAN, VICKI Z			6.2 NAME			
STREET ADDRESS	322 W. 72ND ST.			6.3 STREET ADDRESS			
CITY-STATE-ZIP	NEW YORK NY 10023			6.4 CITY-STATE-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 119.07(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 13, and has not changed, or on an attachment with an address.

SIGNATURE: *Edward Campbell* DATE: *1/19/96*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Edward Campbell** PHONE: *(212) 483-7000*

CR2E034 (12/95)