

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 855623

1. Entity Name
LOEB PARTNERS CORPORATION

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90057 007 ***158.75

010043



DO NOT WRITE IN THIS SPACE

Principal Place of Business BROADWAY YORK NY 10006	Mailing Address 61 BROADWAY NEW YORK NY 10006-2701
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 13-3114801	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
1200 S. PINE ISLAND ROAD
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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ROWE, IRWIN D.	
STREET ADDRESS	981 JEROME AVE.	
CITY-ST-ZIP	BALDWIN NY	
TITLE	VT	<input type="checkbox"/> Delete
NAME	CAMPBELL, EDWARD	
STREET ADDRESS	61 BROADWAY	
CITY-ST-ZIP	NEW YORK NY	
TITLE	DC	<input type="checkbox"/> Delete
NAME	KEMPNER, THOMAS L.	
STREET ADDRESS	895 PARK AVE.	
CITY-ST-ZIP	N.Y. NY	
TITLE	SRVP	<input type="checkbox"/> Delete
NAME	HOLLEMAN, VICKI Z	
STREET ADDRESS	322 W. 72ND ST.	
CITY-ST-ZIP	NEW YORK NY 10023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Norman N. Mintz	
STREET ADDRESS	445 Riverside Drive	
CITY-ST-ZIP	N.Y., N.Y. 10027	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Vicki Z Holleman* 2-10-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)