

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 25, 2002 8:00 am**  
**Secretary of State**

01-25-2002 90002 031 \*\*\*150.00

LF 0145 AI

**DOCUMENT # 855623**

1. Entity Name  
**LOEB PARTNERS CORPORATION**

Principal Place of Business Mailing Address  
**61 BROADWAY 61 BROADWAY**  
**24TH FLOOR 24TH FLOOR**  
**NEW YORK NY 10006 NEW YORK NY 10006**

010220



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

4. FEI Number **13-3114801** Applied For Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>MINTZ, NORMAN N</b>	
STREET ADDRESS	<b>445 RIVERSIDE DR</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10027</b>	
TITLE	<b>VT</b>	<input type="checkbox"/> Delete
NAME	<b>CAMPBELL, EDWARD</b>	
STREET ADDRESS	<b>61 BROADWAY</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	<b>DC</b>	<input type="checkbox"/> Delete
NAME	<b>KEMPNER, THOMAS L.</b>	
STREET ADDRESS	<b>895 PARK AVE.</b>	
CITY-ST-ZIP	<b>N.Y. NY</b>	
TITLE	<b>SRVP</b>	<input type="checkbox"/> Delete
NAME	<b>HOLLEMAN, VICKI Z</b>	
STREET ADDRESS	<b>322 W. 72ND ST.</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10023</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(j), 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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/02 212-483-7079  
 Date Daytime Phone #

CR2E034 (9/01)