

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 855623

FILED
Mar 19, 2009
Secretary of State

Entity Name: LOEB PARTNERS CORPORATION

Current Principal Place of Business:

61 BROADWAY
24TH FLOOR
NEW YORK, NY 10006

New Principal Place of Business:

Current Mailing Address:

61 BROADWAY
24TH FLOOR
NEW YORK, NY 10006

New Mailing Address:

FEI Number: 13-3114801 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KEMPNER, THOMAS L
Address: 895 PARK AVENUE
City-St-Zip: NEW YORK, NY 10021

Title: VD () Delete
Name: MINTZ, NORMAN N
Address: 455 RIVERSIDE DRIVE
City-St-Zip: NEW YORK, NY 10027

Title: D () Delete
Name: LEV, BRUCE L
Address: 736 TITICUS ROAD
City-St-Zip: NORTH SALEM, NY 11010

Title: ED () Delete
Name: TCHERPINE, PETER
Address: 1301 ROUTE 83
City-St-Zip: PINE PLAINS, NY 12567

Title: S () Delete
Name: EMANUEL, MICHAEL S
Address: 34 BRISTOL COURT
City-St-Zip: BERKELEY HEIGHTS, NJ 07922

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: MCMILLAN, ALEXANDER H
Address: 14 SHADOW LANE
City-St-Zip: LARCHMONT, NY 10538

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: /S/ ALEXANDER H. MCMILLAN

S

03/19/2009

Electronic Signature of Signing Officer or Director

_____ Date