

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000002061

FILED  
Apr 27, 2012  
Secretary of State

Entity Name: IRVING WEBER ASSOCIATES, INC.

**Current Principal Place of Business:**

761 KOEHLER AVE  
RONKONKOMA, NY 11779

**New Principal Place of Business:**

**Current Mailing Address:**

761 KOEHLER AVE  
RONKONKOMA, NY 11779

**New Mailing Address:**

FEI Number: 26-4682777

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MASTERS, KENNETH  
Address: 681 S PARKER ST, STE 300  
City-St-Zip: ORANGE, CA 92868

Title: VPS  
Name: GRAMMING, LAUREL L  
Address: 3101 W MLK JR BLVD, STE 400  
City-St-Zip: TAMPA, FL 33607

Title: VP  
Name: WALKER, CORY  
Address: 220 S RIDGEWOOD AVE  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: T  
Name: PORTO, RACHEL  
Address: 30A VREELAND RD  
City-St-Zip: FLORHAM PARK, NJ 07932

Title: P  
Name: WEBER, ADAM C  
Address: 761 KOEHLER AVE  
City-St-Zip: RONKONKOMA, NY 11779

I hereby 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 all other like empowered.

SIGNATURE: LAUREL L GRAMMIG

VPS

04/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date