

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000002061

**FILED**  
**Mar 20, 2019**  
**Secretary of State**  
**0442135133CC**

**Entity Name:** IRVING WEBER ASSOCIATES, INC.

**Current Principal Place of Business:**

180 EAST MAIN ST.  
SUITE 208  
SMITHTOWN, NY 11787

**Current Mailing Address:**

220 S. RIDGEWOOD AVE.  
DAYTONA BEACH, FL 32114 US

**FEI Number:** 26-4682777

**Certificate of Status Desired:** No

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

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

*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

**Officer/Director Detail :**

Title CHAIRMAN OF THE BOARD & DIRECTOR  
Name WALKER, CHRIS L.  
Address 701 B STREET, SUITE 2100  
City-State-Zip: SAN DIEGO CA 92101

Title PRESIDENT  
Name WEBER, ADAM C.  
Address 761 KOEHLER AVENUE  
City-State-Zip: RONKONKOMA NY 11779

Title VP  
Name LANNI, JAMES  
Address 220 S. RIDGEWOOD AVE.  
City-State-Zip: DAYTONA BEACH FL 32114

Title VP  
Name WATTS, ANDREW R.  
Address 220 S. RIDGEWOOD AVE.  
City-State-Zip: DAYTONA BEACH FL 32114

Title VICE PRESIDENT & SECRETARY  
Name LLOYD, ROBERT W.  
Address 220 S. RIDGEWOOD AVE.  
City-State-Zip: DAYTONA BEACH FL 32114

Title VP  
Name ROBINSON, ANTHONY M.  
Address 220 S. RIDGEWOOD AVE.  
City-State-Zip: DAYTONA BEACH FL 32114

Title TREASURER  
Name GORLICK, STEVEN  
Address 220 S. RIDGEWOOD AVE.  
City-State-Zip: DAYTONA BEACH FL 32114

Title ASSISTANT SECRETARY  
Name ROBINSON, ANTHONY M.  
Address 220 S. RIDGEWOOD AVE.  
City-State-Zip: DAYTONA BEACH FL 32114

*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:** ANTHONY M. ROBINSON

**ASSISTANT SECRETARY** 03/20/2019

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date