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Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90088 021 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **476158**

1. Corporation Name
JOHN L. LOEB, JR. ASSOCIATES, INC.

Principal Place of Business	Mailing Address
375 PARK AVE STE 801 NEW YORK NY 10152 US	375 PARK AVE STE 801 NEW YORK NY 10152 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 05/15/1975

2. Principal Place of Business	2a. Mailing Address
21 50 Broad Street	26 50 Broad Street
Suite, Apt. #, etc. 22 Suite 1137	Suite, Apt. #, etc. 27 Suite 1137
City & State 23 New York New York	City & State 28 New York, New York
Zip 24 10004 Country 25 U.S.A.	Zip 29 10004 Country 30 U.S.A.

4. FEI Number: 59-1606877 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ORLANSKY, EDUARDO 1101 BRICKELL AVENUE MIAMI FL 33131	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, GEORGE W, III		1.2 NAME		
STREET ADDRESS	58 HUNTER LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	DEVON PA		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GINGOLD, JULIAN H		2.2 NAME		
STREET ADDRESS	PALLISER RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	E IRVINGTON NY		2.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	3.1 TITLE		☑ Change ☐ Addition
NAME	LOEB, JOHN L JR		3.2 NAME		
STREET ADDRESS	375 PARK AVE		3.3 STREET ADDRESS	50 Broad Street - Suite 1137	
CITY-ST-ZIP	NEW YORK NY		3.4 CITY-ST-ZIP	New York New York 10004	
TITLE	D	☐ DELETE	4.1 TITLE		☑ Change ☐ Addition
NAME	LOEB, JOHN L., JR.		4.2 NAME		
STREET ADDRESS	375 PARK AVE		4.3 STREET ADDRESS	50 Broad Street - Suite 1137	
CITY-ST-ZIP	NEW YORK NY		4.4 CITY-ST-ZIP	New York, New York 10004	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/22/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #