

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 25, 2004 08:00 AM
Secretary of State

DOCUMENT # 476158

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



Principal Place of Business
**50 BROAD ST
SUITE 1137
NEW YORK, NY 10004 US**

Mailing Address
**50 BROAD ST
SUITE 1137
NEW YORK, NY 10004 US**



08042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1606877

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**NATIONAL CORPORATE RESEARCH, LTD., INC.
103 N. MERIDIAN STREET
TALLAHASSEE, FL 32301-0000**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MILLER, GEORGE W, III 58 HUNTER LANE DEVON, PA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GINGOLD, JULIAN H 350 EAST 79TH STREET #14A NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LOEB, JOHN L JR 50 BROAD ST SUITE 1137 NEW YORK, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOEB, JOHN L., JR. 50 BROAD ST SUITE 1137 NEW YORK, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000170873
08/25/04-80003-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/04

Date

212 509 1500

Daytime Phone #