

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2006 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
---	---

DO NOT WRITE IN THIS SPACE

01062006 No Chg-P CR2E034 (11/05)

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. 515 E. PARK AVE. TALLAHASSEE, FL 32301	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.	

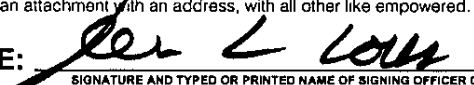
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000570138 07/13/06-80020-022 550.00
---	---	---

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	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  7/11/06 212 509 1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #