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

01062006 No Chg-P CR2E034 (11/05)

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.
515 E. PARK AVE.
TALLAHASSEE, FL 32301

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

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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: Jer L Loeb 7/11/06 212 509 1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #