

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 504011 (8)

1. Corporation Name

LOEWS INVERRARY, INC.

Principal Place of Business

667 MADISON AVE.
NEW YORK NY 10021
US

Mailing Address

ONE PARK AVE.
TAX DEPT. 12TH FLOOR
NEW YORK NY 10016-2896
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

05/25/1976

3a. Date of Last Report

05/01/1995

4. FEI Number

13-2863672

Applied For
Not Applicable

5. Certificate 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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent or other applicable

NAME Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
TISCH, JAMES S
STREET ADDRESS 667 MADISON AVE.
CITY-ST-ZIP NEW YORK NY

TITLE ☐ DELETE

NAME VD
POSNER, ROY E
STREET ADDRESS 667 MADISON AVE.
CITY-ST-ZIP NEW YORK NY

TITLE ☐ DELETE

NAME AT
D'ALESSANDRO, DAVID
STREET ADDRESS ONE PARK AVE.
CITY-ST-ZIP NEW YORK NY

TITLE ☐ DELETE

NAME VSD
HIRSCH, BARRY
STREET ADDRESS 667 MADISON AVE.
CITY-ST-ZIP NEW YORK NY

TITLE ☐ DELETE

NAME T
KENNY, JOHN
STREET ADDRESS ONE PARK AVE.
CITY-ST-ZIP NEW YORK NY

TITLE ☐ DELETE

NAME AT
JACOBS, RICHARD
STREET ADDRESS ONE PARK AVE.
CITY-ST-ZIP NEW YORK NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

600001808758
-05/06/96--01028--031
***200.00

PM 5-1-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

John J. Kenny

JOHN KENNY

4/4/96

(212)545-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone

CR2E034 (12/95)