


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # 821389 1. Entity Name FIRST INVESTORS CORPORATION	
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Principal Place of Business 95 WALL STREET NEW YORK, NY 10005	Mailing Address 581 MAIN STREET WOODBIDGE, NJ 07095 US
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DO NOT WRITE IN THIS SPACE

03302004 No Chg-P CR2E034 (10/03)	
4. FEI Number 13-2608328	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent UNITED STATES CORPORATION COMPANY 1201 HAYES ST. STE. 105 TALLAHASSEE, FL 32301	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HEAD, GLENN O 95 WALL STREET NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLANAGAN, ROBERT 95 WALL STREET NEW YORK, NY 10005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HEAD, KATHRYN S 581 MAIN STREET WOODBIDGE, NJ 07095
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP MILLER, FREDERICK 581 MAIN STREET WOODBIDGE, NJ 07095
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SGC LAVOIE, LARRY R 95 WALL STREET NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LIPKUS, WILLIAM M 581 MAIN STREET WOODBIDGE, NJ 07095

U00000102863
04/05/04-80033-005 150.00

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 19.07(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:  **William Lipkus** 3/30/04 (732)855-2770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #