


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 821389
 1. Entity Name
FIRST INVESTORS CORPORATION



Principal Place of Business
**95 WALL STREET
 NEW YORK, NY 10005**

Mailing Address
**RARITAN PLAZA 1
 PO BOX 7838
 EDISON, NJ 08818 US**

DO NOT WRITE IN THIS SPACE



04032006 No Chg-P CR2E034 (11/05)

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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CONDON, ANNE RARITAN PLAZA 1, 8TH FLOOR EDISON, NJ 088187838
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLANAGAN, ROBERT 95 WALL STREET NEW YORK, NY 10005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HEAD, KATHRYN S RARITAN PLAZA 1, 8TH FLOOR EDISON, NJ 08818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP MILLER, FREDERICK RARITAN PLAZA 1, 8TH FLOOR EDISON, NJ 088187838
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 RARITAN PLAZA 1, 8TH FLOOR EDISON, NJ 088187838

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 04/22/06-80067-017 150.00

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: _____ **4/4/06 (732)855-2770**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #