## **2007 FOR PROFIT CORPORATION** ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**DOCUMENT #821389** 

FIRST INVESTORS CORPORATION



**FILED** Jan 12, 2007 08:00 AM **Secretary of State** 

Principal Place of Business

95 WALL STREET NEW YORK, NY 10005 Mailing Address

**RARITAN PLAZA 1** PO BOX 7838

EDISON, NJ 08818 US



01082007

No Chg-P

CR2E034 (11/05)

4. FEI Number 13-2608328

Applied For Not Applicable

5. Certificate of Status Desired

\$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

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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)

FILE NOW!!! FEE IS \$150.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

U000000585157

01/12/07-80066-021 150.00

After May 1, 2007 Fee will be \$550.00			
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 PLAZA1, 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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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 arrother the empowered.

**SIGNATURE:**