

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 821389

FILED
Jan 11, 2010
Secretary of State

Entity Name: FIRST INVESTORS CORPORATION

Current Principal Place of Business:

110 WALL ST
NEW YORK, NY 10005

New Principal Place of Business:

Current Mailing Address:

RARITAN PLAZA 1
PO BOX 7838
EDISON, NJ 08818 US

New Mailing Address:

FEI Number: 13-2608328 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION COMPANY
1201 HAYES ST.
STE. 105
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V
Name: CONDON, ANNE
Address: RARITAN PLAZA 1, 8TH FLOOR
City-St-Zip: EDISON, NJ 088187838

Title: PD
Name: FLANAGAN, ROBERT
Address: 110 WALL ST
City-St-Zip: NEW YORK, NY 10005

Title: C
Name: HEAD, KATHRYN S
Address: RARITAN PLAZA1, 8TH FLOOR
City-St-Zip: EDISON, NJ 08818

Title: SVP
Name: MILLER, FREDERICK
Address: RARITAN PLAZA 1, 8TH FLOOR
City-St-Zip: EDISON, NJ 088187838

Title: SGC
Name: LAVOIE, LARRY R
Address: 110 WALL ST
City-St-Zip: NEW YORK, NY

Title: T
Name: LIPKUS, WILLIAM M
Address: RARITAN PLAZA 1, 8TH FLOOR
City-St-Zip: EDISON, NJ 088187838

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM LIPKUS

CFO

01/11/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date