

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 841756 (0)

1. Corporation Name

JOSEPH R. LORING & ASSOCIATES, INC.



Principal Place of Business

ONE PENNSYLVANIA PLAZA
NEW YORK NY 10119

Mailing Address

ONE PENNSYLVANIA PLAZA
NEW YORK NY 10119

3. Date Incorporated or Qualified
11/02/1978

3a. Date of Last Report
08/09/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FFI Number
13-2649349

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 607.1509, 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 of person filing this statement and the block 12

Signature of Registered Agent (signature required when agent is new)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
LORING, JOSEPH (CEO)
ONE PENNSYLVANIA PLAZA
NEW YORK NY ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MALTZ, BARRY L.
ONE PENNSYLVANIA PLAZA
NEW YORK NY ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SAMUEL, JOHN O.
ONE PENNSYLVANIA PLAZA
NEW YORK NY ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VST
ZUPOVITZ, IZHAK
1130 CONNECTICUT AVE.
N.W. WASHINGTON D. ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ZUPOVITZ, IZHAK
1130 CONNECTICUT AVE.
N.W. WASHINGTON D. ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
PRESIDENT
RONALD W. MINEO
ONE PENNSYLVANIA PLAZA
NEW YORK NY 10119 ☐ Change ☒ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
VICE CHAIRMAN
BARRY L. MALTZ
ONE PENNSYLVANIA PLAZA
NEW YORK NY 10119 ☒ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP
☐ Change ☐ Addition

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 changed, or on an attachment with an address.

SIGNATURE:

Barry L. Maltz
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

(212) 563-7400
Original Filing

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