1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 841756**

1. Corporation Name

JOSEPH R. LORING & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
ONE PENNSYLVANIA PLAZA	one pennsylvania plaza
NEW YORK NY 10119	NEW YORK NY 10119

## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90066 040 \*\*\*150.00

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/02/1978 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 13-2649349 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State П Added to Fees Trust Fund Contribution 28 23 Country This corporation owes the current year Intangible Zip Zip Country □No Personal Property Tax. 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 81 CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 83 Zip Code 85 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ DELETE 11 TITLE CD TITLE LORING, JOSEPH (CEO) 1.2 NAME NAME ONE PENNSYLVANIA PLAZA 1.3 STREET ADDRESS STREET ADDRESS **NEW YORK NY** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 2.1 TITLE VD TITLE MALTZ, BARRY 2.2 NAME NAME ONE PENNSYLVANIA PLAZA 2.3 STREET ADDRESS STREET ADDRESS **NEW YORK NY** 2.4 CITY-ST-ZIP CITY-ST-ZIF ☐ DELETE Change ☐ Addition DIRECTOR 3.1 TITLE TITLE SAMUEL, JOHN O. NAME ONE PENNSYLVANIA PLAZA 3.3 STREET ADDRESS STREET ADDRESS **NEW YORK NY** CITY-ST-ZIP 3.4 CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 4.1 TITLE VST TITLE ZUPOVITZ, IZHAK 4.2 NAME

5.3 STREET ADDRESS 1130 CONNECTICUT AVE. STREET ADDRESS 5.4 CITY-ST-ZIP N.W. WASHINGTON D. CITY-ST-ZIF ☐ DELETE 6.1 TITLE ☐ Change Addition TITLE MINEO, RONALD 6.2 NAME NAME 6.3 STREET ADDRESS ONE PENNSYLVANIA PLAZA STREET ADDRESS **NEW YORK NY** 64 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

Indicated on this annual report or supplied with this limits does not quality for the exemption stated in Section 1.13-07(5)(f), Florida Statutes. I intride certally rate the finding indicated on this annual report or suppliemental 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 if changed, or on an attachment with an address, with all other like empowered.

1130 CONNECTICUT AVE.

N.W. WASHINGTON D.

ZUPOVITZ, IZHAK

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

CR2E034 (11/98)

☐ Addition