2000 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 11, 2000 8:00 am Secretary of State **DOCUMENT # 841756** 1. Entity Name JOSEPH R. LORING & ASSOCIATES, INC. 08-11-2000 90053 035 ***150.00 Principal Place of Business Mailing Address ONE PENNSYLVANIA PLAZA ONE PENNSYLVANIA PLAZA NEW YORK NY 10119 NEW YORK NY 10119 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 13-2649349 Not Applicable Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent - 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code 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. 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 \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Addition Delete NAME NAME STREET ADDRESS ONE PENNSYLVANIA PLAZA STREET ADDRESS CITY-ST-ZIP **NEW YORK NY** CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE MALTZ, BARRY STREET ADDRESS STREET ADDRESS ONE PENNSYLVANIA PLAZA CITY-ST-ZIP **NEW YORK NY** CITY-ST-ZIP TITLE Change ☐ Addition - Delete SAMUEL JOHN O. NAME NAME STREET ADDRESS ONE PENNSYLVANIA PLAZA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY** ☐ Change TITLE ☐ Addition TITLE ☐ Delete ZUPOVITZ, IZHAK NAME NAME STREET ADDRESS 1130 CONNECTICUT AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N.W. WASHINGTON D. Change ☐ Addition TITLE ☐ Delete TITLE ZUPOVITZ, IZHAK NAME NAME 1130 CONNECTICUT AVE. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP N.W. WASHINGTON D. Change TITLE ☐ Detete TITLE Addition MINEO, RONALD NAME NAME STREET ADDRESS STREET ADDRESS ONE PENNSYLVANIA PLAZA CITY-ST-ZIP CITY-ST-7IP **NEW YORK NY**

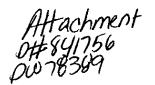
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/00 (212)563-7400 Daytime Phone # One Pennsylvania Plaza, Suite 720 New York, NY 10119-0045

telephone: 212 563-7400 facsimile: 212 563-7382



☐ Joseph R. Loring & Associates, Inc.

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grand the state of the state of Uniform Business Report Division Of Corporations P.O. Box 1500 Tallahassee F1. 32302-1500

Re: Filing Fee

Dear Sir or Madam:

Please be informed that we never received the first notice that qualifies for the filing fee of \$150.00.

Your staff advised us to remit the payment of \$150.00 and that you will reconsider our penalty charge. If you could abate the penalty we would greatly appreciate

We thank you in advance.

Very Truly Yours,

JOSEPH R. LORING & ASSOCIATES, INC.

Seema Bhise

Payroll Manager