2001 UNIFORM BUSINESS REPORT (UBR)

May 11, 2001 8:00 am Secretary of State **DOCUMENT # 841756** 1. Entity Name JOSEPH R. LORING & ASSOCIATES, INC. 05-11-2001 90294 042 ***150.00 Principal Place of Business Mailing Address ONE PENNSYLVANIA PLAZA ONE PENNSYLVANIA PLAZA こっさつていいり 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 Country Zip 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 Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change ☐ Delete TITLE LORING, JOSEPH (CEO) NAME NAME STREET ADDRESS ONE PENNSYLVANIA PLAZA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY ☐ Change ☐ Addition ☐ Delete TITLE NAME MALTZ, BARRY NAME STREET ADDRESS STREET ADDRESS ONE PENNSYLVANIA PLAZA CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY** ☐ Addition TITLE ☐ Delete TITLE NAME SAMUEL, JOHN O. NAME STREET ADDRESS STREET ADDRESS ONE PENNSYLVANIA PLAZA CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY **VST** ☐ Change ☐ Addition ☐ Delete TITLE NAME ZUPOVITZ, IZHAK NAME STREET ADDRESS STREET ADDRESS 1130 CONNECTICUT AVE. CITY-ST-ZIP CITY-ST-ZIP N.W. WASHINGTON D. Addition ☐ Change ☐ Delete TITLE D TITLE NAME ZUPOVITZ, IZHAK NAME STREET ADDRESS STREET ADDRESS 1130 CONNECTICUT AVE. CITY-ST-7IP CITY-ST-ZIP N.W. WASHINGTON D. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MINEO, RONALD NAME STREET ADDRESS STREET ADDRESS ONE PENNSYLVANIA PLAZA

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 eport 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 regeiver 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.

CITY-ST-ZIP

SIGNATURE:

NEW YORK NY

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD W. MINZO # 18/01 (212)563-74