


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90313 021 \*\*\*150.00

**DOCUMENT # 841756**

1. Entity Name  
**JOSEPH R. LORING & ASSOCIATES, INC.**



Principal Place of Business <sup>ONE</sup>  
**TWENTY ONE PENNSYLVANIA PL.  
 14TH FLOOR  
 NEW YORK NY 10001.**

Mailing Address <sup>ONE</sup>  
**TWENTY ONE PENNSYLVANIA PL.  
 14TH FLOOR  
 NEW YORK NY 10001**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



MOORE CR2E034 (11/03)

4. FEI Number **13-2649349** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CD <input type="checkbox"/> Delete
NAME	LORING, JOSEPH (CEO)
STREET ADDRESS	ONE PENNSYLVANIA PLAZA
CITY-ST-ZIP	NEW YORK NY
TITLE	VD <input type="checkbox"/> Delete
NAME	MALTZ, BARRY
STREET ADDRESS	ONE PENNSYLVANIA PLAZA
CITY-ST-ZIP	NEW YORK NY
TITLE	D <input type="checkbox"/> Delete
NAME	SAMUEL, JOHN O.
STREET ADDRESS	ONE PENNSYLVANIA PLAZA
CITY-ST-ZIP	NEW YORK NY
TITLE	VTD <input type="checkbox"/> Delete
NAME	ZUPOVITZ, IZHAK
STREET ADDRESS	1130 CONNECTICUT AVE.
CITY-ST-ZIP	N.W. WASHINGTON D.
TITLE	S <input type="checkbox"/> Delete
NAME	DEBROCHERS, MICHAEL
STREET ADDRESS	TWENTY ONE PENNSYLVANIA PL.
CITY-ST-ZIP	NEW YORK NY 10001
TITLE	P <input type="checkbox"/> Delete
NAME	MINEO, RONALD
STREET ADDRESS	ONE PENNSYLVANIA PLAZA
CITY-ST-ZIP	NEW YORK NY

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORING, JOSEPH (CEO)
STREET ADDRESS	1130 CONNECTICUT AVE
CITY-ST-ZIP	WASHINGTON, DC 20036
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALTZ, BARRY ( VICE CHAIRMAN)
STREET ADDRESS	TWENTY ONE PENNSYLVANIA PLAZA
CITY-ST-ZIP	NEW YORK, NY 10001
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMUEL, JOHN O.
STREET ADDRESS	TEWNTY ONE PENNSYLVANIA PLAZA
CITY-ST-ZIP	NEW YORK, NY 10001
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRAUN, ROBERT
STREET ADDRESS	TWENTY ONE PENNSYLVANIA PLAZA
CITY-ST-ZIP	NEW YORK, NY 10001
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESROCHERS, MICHAEL
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINEO, RONALD
STREET ADDRESS	TWENTY ONE PENNSYLVANIA PLAZA
CITY-ST-ZIP	NEW YORK, NY 10001

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donald R Mineo  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_