


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 841756
 1. Entity Name
 JOSEPH R. LORING & ASSOCIATES, INC.



Principal Place of Business: TWENTY ONE PENNSYLVANIA PL. 14TH FLOOR NEW YORK, NY 10001
 Mailing Address: TWENTY ONE PENNSYLVANIA PL. 14TH FLOOR NEW YORK, NY 10001



07122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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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 Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	LORING, JOSEPH
STREET ADDRESS	1130 CONNETTICUT AVE
CITY-ST-ZIP	WASHINGTON, DC 20036
TITLE	PVC
NAME	MALTZ, BARRY
STREET ADDRESS	TWENTY ONE PENNSYLVANIA PLAZA
CITY-ST-ZIP	NEW YORK, NY 10001
TITLE	D
NAME	SAMUEL, JOHN O.
STREET ADDRESS	TWENTY ONE PENNSYLVANIA PLAZA
CITY-ST-ZIP	NEW YORK, NY 10001
TITLE	VTD
NAME	ZUPOVITZ, IZHAK
STREET ADDRESS	1130 CONNECTICUT AVE.
CITY-ST-ZIP	N.W. WASHINGTON, D.
TITLE	EVP
NAME	DESROCHERS, MICHAEL
STREET ADDRESS	TWENTY ON PENNSYLVANIA PL.
CITY-ST-ZIP	NEW YORK, NY 10001
TITLE	SRVP
NAME	KENAH, STEVEN J
STREET ADDRESS	TWENTY ONE PENNSYLVANIA PLAZA
CITY-ST-ZIP	NEW YORK, NY 10001

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 07/25/06-80016-011 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: B. Maltz BARRY L. MALTZ 7/17/06 (212) 563-7400