


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # 841756 1. Entity Name JOSEPH R. LORING & ASSOCIATES, INC.	
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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
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**DO NOT WRITE IN THIS SPACE**



01102008 No Chg-P CR2E034 (11/05)

4. FEI Number 13-2649349	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (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**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO LORING, JOSEPH 1130 CONNETICUT AVE WASHINGTON, DC 20036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVC MALTZ, BARRY TWENTY ONE PENNSYLVANIA PLAZA NEW YORK, NY 10001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FARESE, VINCENT 231 CLARKSVILLE RD SUITE 4A PRINCETON JUNCTION, NJ 08550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP ZUPOVITZ, IZHAK 1130 CONNECTICUT AVE. N.W. WASHINGTON, D.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVST DESROCHERS, MICHAEL TWENTY ONE PENNSYLVANIA PLAZA NEW YORK, NY 10001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVP KENAH, STEVEN J TWENTY ONE PENNSYLVANIA PLAZA NEW YORK, NY 10001

00000984535  
04/17/08-80047-023 150.00

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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:  **Barry L Maltz** 3/28/08 212-563-7400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #