2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #841756

1. Entity Name

JOSEPH R. LORING & ASSOCIATES, INC.



Principal Place of Business

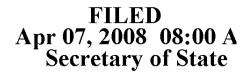
TWENTY ONE PENNSYLVANIA PL. 14TH FLOOR

NEW YORK, NY 10001

Mailing Address

TWENTY ONE PENNSYLVANIA PL. 14TH FLOOR

NEW YORK, NY 10001





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01102008

No Chg-P

CR2E034 (11/05)

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

> ZUPOVITZ, IZHAK 1130 CONNECTICUT AVE.

N.W. WASHINGTON, D.

NEW YORK, NY 10001

KENAH, STEVEN J

SRVP

CITY-ST-ZIP · NEW YORK, NY 10001

DESROCHERS, MICHAEL

TWENTY ONE PENNSYLVANIA PLAZA

TWENTY ONE PENNSYLVANIA PLAZA

DO NOT WRITE IN THIS SPACE

]		and the second s	
	named entity submits this statement for the pations of registered agent.	urpose of changing its regi	stered office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accep	
SIGNATURE	Signature, typed or printed name of registered agent and little if	applicable (NOTF, Reg	istered Agent signäture	required when reinstating)	` DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign F Trust Fund Contribut		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS					
HILE	CEO					
NAME	LORING, JOSEPH			· ·		
STREET ADDRESS	1130 CONNETICUT AVE		· ·			
CITY-ST-ZIP	WASHINGTON, DC 20036					
HILE	PVC				U00000884535	
NAME	MALTZ, BARRY				~ 04/17/08-80047-023 150.00	
STREET ADDRESS	TWENTY ONE PENNSYLVANIA PLAZ	A				
CITY-ST-ZIP	NEW YORK, NY 10001					
TITLE	VP				•	
NAME	FARESE, VINCENT					
STREET ADDRESS	RESS 231 CLARKSVILLE RD SUITE 4A			DO NOT WRITE		
CIJY-ST-ZIP	PRINCETON JUNCTION, NJ 08550			טע	NOI WKILE	
TITLE	EVP			INI "	THIS SDACE	

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12. Thereby 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

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-SI-ZIP

TITLE NAME

TITLE

NAME