

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90142 010 ***150.00

0617653 AT

DOCUMENT # 841756

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



Principal Place of Business
**ONE PENNSYLVANIA PLAZA
NEW YORK NY 10119**

Mailing Address
**ONE PENNSYLVANIA PLAZA
NEW YORK NY 10119**

2. Principal Place of Business

TWENTY ONE PENNSYLVANIA PL

3. Mailing Address

SAME

Suite, Apt. #, etc.

14th FL.

Suite, Apt. #, etc.

City & State

NEW YORK NY

City & State

Zip

10001

Country

Zip

Country

4. FEI Number

13-2649349

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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

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, 2003 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** ☐ Delete
NAME **LORING, JOSEPH (CEO)**
STREET ADDRESS **ONE PENNSYLVANIA PLAZA**
CITY-ST-ZIP **NEW YORK NY**

TITLE **VD** ☐ Delete
NAME **MALTZ, BARRY**
STREET ADDRESS **ONE PENNSYLVANIA PLAZA**
CITY-ST-ZIP **NEW YORK NY**

TITLE **D** ☐ Delete
NAME **SAMUEL, JOHN O.**
STREET ADDRESS **ONE PENNSYLVANIA PLAZA**
CITY-ST-ZIP **NEW YORK NY**

TITLE **VST** ☐ Delete
NAME **ZUPOVITZ, IZHAK**
STREET ADDRESS **1130 CONNECTICUT AVE.**
CITY-ST-ZIP **N.W. WASHINGTON D.**

TITLE **D** ☒ Delete
NAME **ZUPOVITZ, IZHAK**
STREET ADDRESS **1130 CONNECTICUT AVE.**
CITY-ST-ZIP **N.W. WASHINGTON D.**

TITLE **P** ☐ 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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **YTD** ☒ Change ☐ Addition
NAME **ZUPOVITZ, IZHAK**
STREET ADDRESS **1130 CONNECTICUT AVE**
CITY-ST-ZIP **N.W. WASHINGTON D.C.**

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **DEBROCHERS, MICHAEL**
STREET ADDRESS **TWENTY ONE PENNSYLVANIA PL**
CITY-ST-ZIP **NEW YORK, NY 10001**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/03 (212) 563-7400

Date

Daytime Phone #

CR2E034 (10/02)