

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 849655 (6)
1. Corporation Name
LOEHMANN'S, INC.



Principal Place of Business
2500 HALSEY ST.
BRONX NY 10461

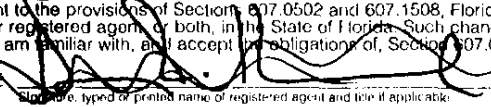
Mailing Address
2500 HALSEY ST.
BRONX NY 10461

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/06/1981	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 22-2341356	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	

11. Pursuant to the provisions of Section 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE  DATE 4/1/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCOO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN, PHILIP	1.2 NAME	
STREET ADDRESS	2500 HALSEY ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRONX NY	1.4 CITY-ST-ZIP	
TITLE	CCEO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDMAN, ROBERT N.	2.2 NAME	
STREET ADDRESS	2500 HALSEY ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRONX NY	2.4 CITY-ST-ZIP	
TITLE	AS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, MARVIN	3.2 NAME	
STREET ADDRESS	2500 HALSEY ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRONX NY	3.4 CITY-ST-ZIP	
TITLE	SVP	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT GLASS	4.2 NAME	PCOO
STREET ADDRESS	2500 HALSEY ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRONX NY	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dennis Hemreich	5.2 NAME	VPCFO
STREET ADDRESS	2500 Halsey St.	5.3 STREET ADDRESS	
CITY-ST-ZIP	Brnx, NY.	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  DATE 4/13/98 718-430-8742

CR2E034 (10/97)