

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 849655

1. Entity Name
LOEHMANN'S, INC.



FILED
Feb 25, 2008 08:00 AM
Secretary of State

Principal Place of Business

**2500 HALSEY ST.
BRONX, NY 10461**

Mailing Address

**2500 HALSEY ST.
BRONX, NY 10461**



02192008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-2341356

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NATIONAL CORPORATE RESEARCH, LTD., INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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
**VPC
MORRETTA, RICHARD
2500 HALSEY STREET
BRONX, NY 10461**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CCEO
FRIEDMAN, ROBERT N
2500 HALSEY ST.
BRONX, NY 10461**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCCS
GLASS, ROBERT
2500 HALSEY ST.
BRONX, NY 10461**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000837528 20 2008
03/05/08-80009-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RICHARD F. MORRETTA

VPC CONTROLLER

2/20/08