

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortonham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 855623

(5)

1. Corporation Name:

LOEB PARTNERS CORPORATION



Principal Place of Business

**61 BROADWAY
NEW YORK NY 10006**

Mailing Address

**61 BROADWAY
NEW YORK NY 10006**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

02/24/1983

3a. Date of Last Report

01/20/1995

4. FEI Number

13-3114801

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ 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

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am a resident of the State of Florida. Section 607.0505, Florida Statutes.

SIGNATURE

(Print Name of Registered Agent) (Print Name of Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|--------------------|---------------------------------|
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | ROWE, IRWIN D. | |
| STREET ADDRESS | 981 JEROME AVE. | |
| CITY - ST - ZIP | BALDWIN NY | |
| TITLE | VT | <input type="checkbox"/> DELETE |
| NAME | CAMPBELL, EDWARD | |
| STREET ADDRESS | 61 BROADWAY | |
| CITY - ST - ZIP | NEW YORK NY | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | LOEB, JOHN L. | |
| STREET ADDRESS | 730 PARK AVE. | |
| CITY - ST - ZIP | N.Y. NY | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | LOEB, HENRY A. | |
| STREET ADDRESS | 50 E. 77TH ST. | |
| CITY - ST - ZIP | N.Y. NY | |
| TITLE | DC | <input type="checkbox"/> DELETE |
| NAME | KEMPNER, THOMAS L. | |
| STREET ADDRESS | 895 PARK AVE. | |
| CITY - ST - ZIP | N.Y. NY | |
| TITLE | SRVP | <input type="checkbox"/> DELETE |
| NAME | HOLLEMAN, VICKI Z | |
| STREET ADDRESS | 322 W. 72ND ST. | |
| CITY - ST - ZIP | NEW YORK NY 10023 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY - ST - ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY - ST - ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY - ST - ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY - ST - ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY - ST - ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 and changed, if on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96 (212) 483-7000
Date Date/Time Phone #

CR2E034 (12/95)