

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 855623

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: LOEB PARTNERS CORPORATION

**Current Principal Place of Business:**

61 BROADWAY  
24TH FLOOR  
NEW YORK, NY 10006

**New Principal Place of Business:**

**Current Mailing Address:**

61 BROADWAY  
24TH FLOOR  
NEW YORK, NY 10006

**New Mailing Address:**

FEI Number: 13-3114801

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KEMPNER, THOMAS L  
Address: 895 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10021

Title: VD ( ) Delete  
Name: MINTZ, NORMAN N  
Address: 455 RIVERSIDE DRIVE  
City-St-Zip: NEW YORK, NY 10027

Title: D ( ) Delete  
Name: LEV, BRUCE L  
Address: 736 TITICUS ROAD  
City-St-Zip: NORTH SALEM, NY 11010

Title: ED ( ) Delete  
Name: TCHEREPNINE, PETER  
Address: 1301 ROUTE 83  
City-St-Zip: PINE PLAINS, NY 12567

Title: S ( ) Delete  
Name: EMANUEL, MICHAEL S  
Address: 34 BRISTOL COURT  
City-St-Zip: BERKELEY HEIGHTS, NJ 07922

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: MCMILLAN, ALEXANDER H  
Address: 14 SHADOW LANE  
City-St-Zip: LARCHMONT, NY 10538

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: /S/ ALEXANDER H. MCMILLAN

S

03/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date