

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 857160 (6)

1. Corporation Name

LOEW'S HOTELS, INC.

Principal Place of Business

667 MADISON AVE.  
NEW YORK NY 10021  
US

Mailing Address

ONE PARK AVE.  
TAX DEPT. 12TH FLOOR  
NEW YORK NY 10016-2896  
US



3. Date Incorporated or Qualified  
07/21/1983

3a. Date of Last Report  
05/01/1995

4. FEI Number

13-1474355

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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 607.0502 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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent, if in the legal state)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

NAME  
PD  
TISCH, JONATHAN M  
STREET ADDRESS  
667 MADISON AVENUE  
CITY- ST- ZIP  
NEW YORK NY

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

TITLE ☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

NAME  
AT  
JACOBS, RICHARD  
STREET ADDRESS  
ONE PARK AVENUE  
CITY- ST- ZIP  
NEW YORK NY

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

TITLE ☒ DELETE

3.1 TITLE

☐ Change ☒ Addition

NAME  
CD  
HAUSMAN, ROBERT J  
STREET ADDRESS  
667 MADISON AVENUE  
CITY- ST- ZIP  
NEW YORK NY

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

TITLE ☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME  
T  
KENNY, JOHN  
STREET ADDRESS  
ONE PARK AVE  
CITY- ST- ZIP  
NEW YORK NY

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

TITLE ☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME  
VS  
HIRSCH, BARRY  
STREET ADDRESS  
667 MADISON AVENUE  
CITY- ST- ZIP  
NEW YORK NY

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

TITLE ☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME  
AT  
D'ALESSANDRO, DAVID  
STREET ADDRESS  
ONE PARK AVENUE  
CITY- ST- ZIP  
NEW YORK NY

6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 if changed, or on an attachment with an address.

SIGNATURE:

*John J. Kenny*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Kenny

4/24/96

(212) 545-2000

Date of Filing

CR2E034 (12/95)