

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90070 022 ***150.00

DOCUMENT # 857160

1. Corporation Name

LOEW'S HOTELS, INC.

Principal Place of Business

655 MADISON AVENUE
NEW YORK NY 10021-8043
US

Mailing Address

655 MADISON AVENUE
NEW YORK NY 10021-8043
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/21/1983

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 667 Madison Avenue

Suite, Apt. #, etc.

22 City & State

23 New York, NY

24 Zip 10021-8087 Country USA

2a. Mailing Address

26 667 Madison Avenue

Suite, Apt. #, etc.

27 City & State

28 New York, NY

29 Zip 10021-8087 Country USA

9. Name and Address of Current Registered Agent

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

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 607.0502 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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

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

TITLE D ☐ DELETE

NAME ADLER, JACK
STREET ADDRESS 667 MADISON AVENUE
CITY-ST-ZIP NEW YORK NY 10021

TITLE T ☐ DELETE

NAME KENNY, JOHN
STREET ADDRESS 655 MADISON AVENUE
CITY-ST-ZIP NEW YORK NY 10021

TITLE VS ☒ DELETE

NAME HIRSCH, BARRY
STREET ADDRESS 655 MADISON AVENUE
CITY-ST-ZIP NEW YORK NY 10021

TITLE AT ☐ DELETE

NAME DESMOND, DENIS
STREET ADDRESS 655 MADISON AVENUE
CITY-ST-ZIP NEW YORK NY 10021

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

V/S

Garson, Gary W.
667 Madison Avenue
New York, NY 10021-8087

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED

Denis Desmond
Asst. Treasurer

Date

4/1/99

Daytime Phone #

CR2E034 (11/98)