


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90120 034 \*\*\*150.00

**DOCUMENT # P19042**

1. Entity Name  
**LOWE & PARTNERS WORLDWIDE INC.**



Principal Place of Business: **ONE DAG HAMMARSKJOLD PL  
 NEW YORK, NY 10017 US**

Mailing Address: **136 MADISON AVE  
 6TH FL TAX DEPT  
 NEW YORK, NY 10016**

**14019817**



2. Principal Place of Business: **150 E. 42nd St.**

3. Mailing Address: **1114 6th Ave  
 Suite, Apt. #, etc.  
 18th FL Tax Dept**

04222004 Chg-P CR2E034 (10/03)

City & State: **NEW YORK, NY**

City & State: **NEW YORK, NY**

Zip: **10017** Country: **US**

Zip: **10036** Country: **US**

4. FEI Number: **13-2837056**

Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name: \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_

City: **FL** Zip Code: \_\_\_\_\_

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: \_\_\_\_\_ DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: <b>VD</b>	<input type="checkbox"/> Delete
NAME: <b>LUBRANO, VINCENT</b>	
STREET ADDRESS: <b>ONE DAG HAMMARSKJOLD PLAZA</b>	
CITY-ST-ZIP: <b>NEW YORK, NY 10017</b>	
TITLE: <b>S</b>	<input type="checkbox"/> Delete
NAME: <b>CAMERA, NICHOLAS J</b>	
STREET ADDRESS: <b>1271 AVE OF THE AMERICAS</b>	
CITY-ST-ZIP: <b>NEW YORK, NY 10020</b>	
TITLE: <b>PD</b>	<input type="checkbox"/> Delete
NAME: <b>SENNOTT, MICHAEL A</b>	
STREET ADDRESS: <b>ONE DAG HAMMARSKJOLD PLAZA</b>	
CITY-ST-ZIP: <b>NEW YORK, NY 10017</b>	
TITLE: <b>T</b>	<input type="checkbox"/> Delete
NAME: <b>BERNS, STEVEN</b>	
STREET ADDRESS: <b>1270 AVE OF THE AMERICAS</b>	
CITY-ST-ZIP: <b>NEW YORK, NY 10020</b>	
TITLE: <b>V</b>	<input type="checkbox"/> Delete
NAME: <b>MASON, ARTHUR</b>	
STREET ADDRESS: <b>1270 AVE OF THE AMERICAS</b>	
CITY-ST-ZIP: <b>NEW YORK, NY 10017</b>	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: <b>150 E. 42nd St.</b>	
CITY-ST-ZIP: <b>NEW YORK, NY 10017</b>	
TITLE: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: <b>1114 6th Ave 18th FL Tax Dept</b>	
CITY-ST-ZIP: <b>NEW YORK, NY 10036</b>	
TITLE: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: <b>150 E. 42nd St.</b>	
CITY-ST-ZIP: <b>NEW YORK, NY 10017</b>	
TITLE: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: <b>1114 6th Ave 18th FL Tax Dept</b>	
CITY-ST-ZIP: <b>NEW YORK, NY 10036</b>	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

12. 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 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: Arthur Mason **ARTHUR MASON-VICE PRESIDENT** 04/30/04 212-621-5706

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #