


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90167 010 ***150.00

DOCUMENT # P19042					
1. Entity Name LOWE & PARTNERS WORLDWIDE INC.					
Principal Place of Business 150 E 42 STREET NEW YORK, NY 10017 US			Mailing Address 1114 6TH AVE 18TH FLOOR TAX DEPT NEW YORK, NY 10036		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 13-2837056				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUBRANO, VINCENT		NAME	TONY WRIGHT	
STREET ADDRESS	150 E 42ND STREET		STREET ADDRESS	150 E. 42ND ST.	
CITY-ST-ZIP	NEW YORK, NY 10017		CITY-ST-ZIP	NEW YORK, NY 10017	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMERA, NICHOLAS J		NAME		
STREET ADDRESS	1114 6TH AVE 18TH FLR TAX DEPT		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10036		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONTE, ALBERT		NAME		
STREET ADDRESS	1114 6TH AVE		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10036		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NARDONE, CHRISTOPHER		NAME		
STREET ADDRESS	1114 6TH AVE		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10036		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	30 CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUDE, JERRY		NAME	JONATHAN HIRST	
STREET ADDRESS	150 E 42ND STREET		STREET ADDRESS	150 E. 42ND ST.	
CITY-ST-ZIP	NEW YORK, NY 10017		CITY-ST-ZIP	NEW YORK, NY 10036	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____			4-26-06 212 704 1429		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		
ALBERT S. CONTE			SR. V.P. TAX		