

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H40908

**Entity Name:** LOEWENSTEIN, INC.

**Current Principal Place of Business:**

475 WEST TOWN PLACE  
SUITE 200  
ST. AUGUSTINE, FL 32092

**Current Mailing Address:**

475 WEST TOWN PLACE  
SUITE 200  
ST. AUGUSTINE, FL 32092 US

**FEI Number:** 59-2504882

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*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

**Officer/Director Detail :**

Title CFO  
Name TORTORICI, VINCENT AJR  
Address 475 WEST TOWN PLACE, SUITE 201  
City-State-Zip: ST. AUGUSTINE FL 32092

Title CEO  
Name MORIARTY, GENE  
Address 475 WEST TOWN PLACE, SUITE 201  
City-State-Zip: ST. AUGUSTINE FL 32092

Title COO  
Name KING, FREDERICK  
Address 475 WEST TOWN PLACE, SUITE 201  
City-State-Zip: ST. AUGUSTINE FL 32092

*I hereby 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 all other like empowered.*

**SIGNATURE:** VINCENT TORTORICI

CFO

04/08/2016

Electronic Signature of Signing Officer/Director Detail

Date