

2015 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 SVP
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

02/23/2015

Electronic Signature of Signing Officer/Director Detail

_____ Date