



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

page 1 of 2

1 Corporate ID No 85040		2 Name of Corporation JOSEPH R. LORING & ASSOCIATES, INC.		
3 Street Address Principal Business Office 21 PENNSYLVANIA PLAZA - 14TH FLOOR		City NEW YORK	State NY	Zip 10001
4 Business Phone No. 212-563-7400		5 State of Incorporation NEW YORK		6 SIC Code 7518
7 Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE ENGINEERING SERVICES.				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name / vice chairman/COO BARRY L. MALTZ		Vice President Name EXECUTIVE VICE- PRESIDENT MICHAEL P. DESROCHERS		
Street Address 21 PENNSYLVANIA PLAZA - 14TH FL.		Street Address 21 PENNSYLVANIA PLAZA - 14TH FL.		
City NEW YORK	State NY	Zip 10001	City NEW YORK	State NY
Secretary Name MICHAEL P. DESROCHERS		Treasurer Name IZHAK ZUPOVITZ		
Street Address 21 PENNSYLVANIA PLAZA		Street Address 1130 CONNECTICUT AVE, NW SUITE 750		
City NEW YORK	State NY	Zip 10001	City NEW YORK	State NY
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name BARRY L. MALTZ		Director Name MICHAEL P. DESROCHERS		
Street Address 21 PENNSYLVANIA PLAZA - 14TH FL.		Street Address 21 PENNSYLVANIA PLAZA - 14TH FL.		
City NEW YORK	State NY	Zip 10001	City NEW YORK	State NY
Director Name JOHN O. SAMUEL		Director Name IZHAK ZUPOVITZ		
Street Address 21 PENNSYLVANIA PLAZA - 14TH FL.		Street Address 1130 CONNECTICUT AVE., NW - SUITE 750		
City NEW YORK	State NY	Zip 10001	City WASHINGTON	State DC
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES		ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
100,000 COMM NO PAR VALUE			41,171	
				NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



85040

File Date 1/26/05
Check No. 24477
By: DA
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: [Signature] Date: 1/24/05
BARRY L. MALTZ
Print or Type Name of Officer
PRESIDENT
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

page 2 of 2

1. Corporate ID No. 85040		2. Name of Corporation JOSEPH R. LORING & ASSOCIATES, INC.			
3. Street Address Principal Business Office 21 PENNSYLVANIA PLAZA - 14TH FLOOR			City NEW YORK	State NY	Zip 10001
4. Business Phone No. 212-563-7400		5. State of Incorporation NEW YORK		6. SIC Code 7518	
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE ENGINEERING SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
CHAIRMAN/CEO JOSEPH R. LORING			SENIOR VICE PRESIDENT STEVEN J. KENAH		
Street Address 1130 CONNECTICUT AVE., NW - SUITE 750			Street Address 21 PENNSYLVANIA PLAZA - 14TH FLOOR		
City WASHINGTON	State DC	Zip 20036-3915	City NEW YORK	State NY	Zip 10001
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JOSEPH R. LORING			Director Name STEVEN J. KENAH		
Street Address 1130 CONNECTICUT AVE., NW - SUITE 750			Street Address 21 PENNSYLVANIA PLAZA - 14TH FLOOR		
City WASHINGTON	State DC	Zip 20036-3915	City NEW YORK	State NY	Zip 10001
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100,000 COMM NO PAR VALUE			41,171		NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



85040

85040

FILED

JAN 25 2005

By DA

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: [Signature] Date: 1/24/05

BARRY L. MALTZ

Print or Type Name of Officer

PRESIDENT

Title of Officer

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Form with sections: 1. Corporate ID No. (85040), 2. Name of Corporation (JOSEPH R. LORING & ASSOCIATES, INC.), 3. Street Address Principal Business Office (21 Pennsylvania Plaza - 14th Floor, New York, NY 10001), 4. Business Phone No. (212-563-7400), 5. State of Incorporation (NEW YORK), 6. SIC Code (7518), 7. Brief Description of the Character of Business Conducted in Rhode Island (TO PROVIDE ENGINEERING SERVICES), 8. NAMES AND ADDRESSES OF THE OFFICERS (President: Ronald W. Mineo, Executive Vice-President/CFO: Robert J. Braun), 9. NAMES AND ADDRESSES OF THE DIRECTORS (Director: Ronald W. Mineo, Director: Robert J. Braun), 10. SHARES AUTHORIZED (100,000 COMM NO PAR VALUE), 11. SHARES ISSUED (45,313).

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 5 0 4 0 *

File Date: 3/10/04
Check No.: 20236
By: [Signature]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 2/3/04
Signature of Officer Date

Ronald W. Mineo
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 85040		2. Name of Corporation JOSEPH R. LORING & ASSOCIATES, INC.			
3. Street Address Principal Business Office 21 Pennsylvania Plaza - 14th Floor			City New York	State NY	Zip 10001
4. Business Phone No. 212-563-7400		5. State of Incorporation NEW YORK		6. SIC Code 7518	
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE ENGINEERING SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President/Chairman/CEO Joseph R. Loring			Vice Chairman/COO Barry L. Maltz		
Street Address 1130 Connecticut Ave., NW - Suite 750			Street Address 21 Pennsylvania Plaza - 14th Floor		
City Washington	State DC	Zip 20036-3915	City New York	State NY	Zip 10001
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Joseph R. Loring			Director Name Barry L. Maltz		
Street Address 1130 Connecticut Ave., NW - Suite 750			Street Address 21 Pennsylvania Plaza - 14th Floor		
City Washington	State DC	Zip 20036-3915	City New York	State NY	Zip 10001
Director Name John O. Samuel			Director Name		
Street Address 21 Pennsylvania Plaza - 14th Floor			Street Address		
City New York	State NY	Zip 10001	City	State	Zip
10. SHARES AUTHORIZED: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100,000	COMM	NO PAR VALUE	45,313		NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 5 0 4 0 *

File Date: _____
Check No.: _____
By: _____
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Ronald W. Mineo 2/4/04
Signature of Officer Date

Ronald W. Mineo
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **85040** 2. Name of Corporation **JOSEPH R. LORING & ASSOCIATES, INC.**
3. Street Address Principal Business Office **21 Pennsylvania Plaza - 14th Floor** City **New York** State **NY** Zip **10001**
4. Business Phone No. **212-563-7400** 5. State of Incorporation **NEW YORK** 6. SIC Code **7518**

7. Brief Description of the Character of Business Conducted in Rhode Island
Consulting Engineering Services

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Ronald W. Mineo Street Address 21 Pennsylvania Plaza - 14th Floor City State Zip New York NY 10001	Vice President Name Michael P. DesRochers Street Address 21 Pennsylvania Plaza - 14th Floor City State Zip New York NY 10001
Secretary Name / Treasurer Izhak Zupovitz Street Address 1130 Connecticut Ave., NW - Suite 750 City State Zip Washington DC 20036	Treasurer Name Street Address City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name / Vice-Chairman Barry L. Maltz Street Address 21 Pennsylvania Plaza - 14th Floor City State Zip New York NY 10001	Director Name / Chairman Joseph R. Loring Street Address 1130 Connecticut Ave., NW - Suite 750 City State Zip Washington DC 20036
Director Name John O. Samuel Street Address 21 Pennsylvania Plaza - 14th Floor City State Zip New York NY 10001	Director Name Street Address City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
100,000 COMM NO PAR VALUE		

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
45,313.00		NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 5 0 4 0 *

File Date: 3-6-03
Check No.: 19278
By: 10P

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Ronald W. Mineo
Signature of Officer Date

Ronald W. Mineo
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **85040** 2. Name of Corporation **JOSEPH R. LORING & ASSOCIATES, INC.**
3. Street Address Principal Business Office **One Pennsylvania Plaza - Suite 720** City **New York** State **NY** Zip **10119**
4. Business Phone No. **(212) 563-7400** 5. State of Incorporation **NEW YORK** 6. SIC Code **7518**

7. Brief Description of the Character of Business Conducted in Rhode Island

Consulting Engineering Services

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Ronald W. Mineo Street Address One Pennsylvania Plaza - Suite 720 City New York State NY Zip 10119	Vice President Name Michael DesRochers Street Address One Pennsylvania Plaza - Suite 720 City New York State NY Zip 10119
Secretary Name / Treasurer Izhak Zupovitz Street Address 1130 Connecticut Ave, NW - Suite 750 City Washington State DC Zip 20036	Treasurer Name Street Address City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name / Vice-Chairman Barry L. Maltz Street Address One Pennsylvania Plaza - Suite 720 City New York State NY Zip 10119	Director Name / Chairman Joseph R. Loring Street Address One Pennsylvania Plaza - Suite 720 City New York State NY Zip 10119
Director Name John O. Samuel Street Address One Pennsylvania Plaza - Suite 720 City New York State NY Zip 10119	Director Name Street Address City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
100,000 SHS COMM NO PAR

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
55,330.00 NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 5 0 4 0 *

File Date: 3-4-02
Check No.: 16471
By: [Signature]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 2/28/02
Signature of Officer Date

Ronald W. Mineo
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **85040** 2. Name of Corporation **JOSEPH R. LORING & ASSOCIATES, INC.**
3. Street Address Principal Business Office **ONE PENNSYLVANIA PLAZA** City **NEW YORK** State **NY** Zip **10119**
4. Business Phone No. **(212) 563-7400** 5. State of Incorporation **NEW YORK** 6. SIC Code **7518**

7. Brief Description of the Character of Business Conducted in Rhode Island

CONSULTING ENGINEERING SERVICES

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name RONALD W. MINEO Street Address ONE PENNSYLVANIA PLAZA City NEW YORK State NY Zip 10119	Vice President Name MICHAEL DESROCHERS Street Address ONE PENNSYLVANIA PLAZA City NEW YORK State NY Zip 10119
Secretary Name / TREASURER IZHAK ZUPOVITZ Street Address 1130 CONNECTICUT AVE City WASHINGTON State DC Zip 20036	Treasurer Name Street Address City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name THOMAS RONAY Street Address ONE PENNSYLVANIA PLAZA City NEW YORK State NY Zip 10119	Director Name / CHAIRMAN JOSEPH R. LORING Street Address ONE PENNSYLVANIA PLAZA City NEW YORK State NY Zip 10119
Director Name / VICE CHAIRMAN BARRY L. MALTZ Street Address ONE PENNSYLVANIA PLAZA City NEW YORK State NY Zip 10119	Director Name JOHN O. SAMUEL Street Address ONE PENNSYLVANIA PLAZA City NEW YORK State NY Zip 10119

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
100,000 SHS COMM NO PAR

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
55,330.00 NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 5 0 4 0 *

File Date: 3/5
Check No.: 13808
By: [Signature]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 2/14/01
Signature of Officer Date

RONALD W. MINEO
Print or Type Name of Officer

PRESIDENT
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **85040** 2. Name of Corporation **JOSEPH R. LORING & ASSOCIATES, INC.**
3. Street Address Principal Business Office **ONE PENNSYLVANIA PLAZA** City **NEW YORK** State **NY** Zip **10119**
4. Business Phone No. **(212) 563-7400** 5. State of Incorporation **NEW YORK** 6. SIC Code **7518**
7. Brief Description of the Character of Business Conducted in Rhode Island

CONSULTING ENGINEERING SERVICES

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name RONALD W. MINEO	Vice President Name MICHAEL DESROCHERS
Street Address ONE PENNSYLVANIA PLAZA	Street Address ONE PENNSYLVANIA PLAZA
City State Zip NEW YORK NY 10119	City State Zip NEW YORK NY 10119
Secretary Name /TREASURER IZHAK ZUPOVITZ	Treasurer Name
Street Address 1130 CONNECTICUT AVE.	Street Address
City State Zip WASHINGTON DC 20036	City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name THOMAS RONAY	Director Name /VICE CHAIRMAN BARRY L. MALTZ
Street Address ONE PENNSYLVANIA PLAZA	Street Address ONE PENNSYLVANIA PLAZA
City State Zip NEW YORK NY 10119	City State Zip NEW YORK NY 10119
Director Name JOHN O. SAMUEL	Director Name /CHAIRMAN/CEO JOSEPH R. LORING
Street Address ONE PENNSYLVANIA PLAZA	Street Address ONE PENNSYLVANIA PLAZA
City State Zip NEW YORK NY 10119	City State Zip NEW YORK NY 10119

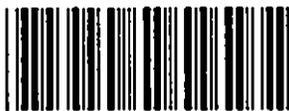
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
100,000 SHS COMM NO PAR		

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES /OUTSTANDING	Class/Series	Par Value
55,330.00		NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 5 0 4 0 *

File Date: 4/6/00
Check No.: 11229
By: [Signature]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 3/27/00
Signature of Officer Date

RONALD W. MINEO
Print or Type Name of Officer

PRESIDENT
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 85040		2. Name of Corporation JOSEPH R. LORING & ASSOCIATES, INC.					
3. Street Address Principal Business Office ONE PENNSYLVANIA PLAZA				City NEW YORK	State NY	Zip 10119	
4. Business Phone No. (212) 563-7400			5. State of Incorporation NEW YORK			6. SIC Code 7518	
7. Brief Description of the Character of Business Conducted in Rhode Island CONSULTING ENGINEERING SERVICES							
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
President Name RONALD W. MINEO				Vice President Name MICHAEL DESROCHERS			
Street Address ONE PENNSYLVANIA PLAZA				Street Address ONE PENNSYLVANIA PLAZA			
City NEW YORK	State NY	Zip 10119		City NEW YORK	State NY	Zip 10119	
Secretary Name / TREASURER IZHAK ZUPOVITZ				Treasurer Name			
Street Address 1130 CONNECTICUT AVE				Street Address			
City WASHINGTON	State DC	Zip 20036		City	State	Zip	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
Director Name THOMAS RONAY				Director Name VICE CHAIRMAN BARRY L. MALTZ			
Street Address ONE PENNSYLVANIA PLAZA				Street Address ONE PENNSYLVANIA PLAZA			
City NEW YORK	State NY	Zip 10119		City NEW YORK	State NY	Zip 10119	
Director Name JOHN O. SAMUEL				Director Name CHAIRMAN/CEO JOSEPH R. LORING			
Street Address ONE PENNSYLVANIA PLAZA				Street Address ONE PENNSYLVANIA PLAZA			
City NEW YORK	State NY	Zip 10119		City NEW YORK	State NY	Zip 10119	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>				11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
AUTHORIZED SHARES				ISSUED SHARES			
Number of Shares	Class/Series	Par Value		Number of Shares	Class/Series	Par Value	
100,000 SHS COMM NO PAR				99,500.00		NO PAR	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 5 0 4 0 *

01-02-99

File Date: _____

Check No.: **22701**

By: **[Signature]**

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature]
Signature of Officer _____ Date _____

RONALD W. MINEO
Print or Type Name of Officer _____

PRESIDENT
Title of Officer _____



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **85040** 2. Name of Corporation **JOSEPH R. LORING & ASSOCIATES, INC.**

3. Street Address Principal Business Office **ONE PENNSYLVANIA PLAZA** City **NEW YORK** State **NY** Zip **10119**

4. Business Phone No. **(212) 563-7400** 5. State of Incorporation **NEW YORK** 6. SIC Code **7518**

7. Brief Description of the Character of Business Conducted in Rhode Island
CONSULTING ENGINEERING SERVICES

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name RONALD W. MINEO	Vice President Name MICHAEL DESROCHERS
Street Address ONE PENNSYLVANIA PLAZA	Street Address ONE PENNSYLVANIA PLAZA
City State Zip NEW YORK NY 10119	City State Zip NEW YORK NY 10119
Secretary Name / TREASURER IZHAK ZUPOVITZ	Treasurer Name
Street Address 1130 CONNECTICUT AVE	Street Address
City State Zip WASHINGTON DC 20036	City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name THOMAS RONAY	Director Name VICE CHAIRMAN BARRY L. MALTZ
Street Address ONE PENNSYLVANIA PLAZA	Street Address ONE PENNSYLVANIA PLAZA
City State Zip NEW YORK NY 10119	City State Zip NEW YORK NY 10119
Director Name JOHN O. SAMUEL	Director Name CHAIRMAN/CEO JOSEPH R. LORING
Street Address ONE PENNSYLVANIA PLAZA	Street Address ONE PENNSYLVANIA PLAZA
City State Zip NEW YORK NY 10119	City State Zip NEW YORK NY 10119

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
100,000 SHS	COMM	NO PAR

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
99,500.00	COMMON	NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 3/4
Check No.: 19543
By: KW

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Ronald W. Mineo 2/26/98
Signature of Officer Date

RONALD W. MINEO
Print or Type Name of Officer

PRESIDENT
Title of Officer



PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 85040
2. Name of Corporation JOSEPH R. LORING & ASSOCIATES, INC.
3. Street Address Principal Business Office ONE PENNSYLVANIA PLAZA
City NEW YORK State NY Zip 10119
4. Business Phone No. (212) 563-7400
5. State of Incorporation NEW YORK
6. SIC Code 7518

7. Brief Description of the Character of Business Conducted in Rhode Island

CONSULTING ENGINEERING SERVICES

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name CHAIRMAN/CEO JOSEPH R. LORING Street Address ONE PENNSYLVANIA PLAZA City NEW YORK State NY Zip 10119	Vice President Name PRESIDENT RONALD W. MINEO Street Address ONE PENNSYLVANIA PLAZA City NEW YORK State NY Zip 10119
Secretary Name/EXEC. VICE PRES/TREASURER IZHAK ZUPOVITZ Street Address 1130 CONNECTICUT AVE. City WASHINGTON State DC Zip 20036	Treasurer Name VICE CHAIRMAN BARRY L. MALTZ Street Address ONE PENNSYLVANIA PLAZA City NEW YORK State NY Zip 10119

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name THOMAS RONAY Street Address ONE PENNSYLVANIA PLAZA City NEW YORK State NY Zip 10119	Director Name JOHN O. SAMUEL Street Address ONE PENNSYLVANIA PLAZA City NEW YORK State NY Zip 10119
Director Name Street Address City State Zip	Director Name Street Address City State Zip

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES /OUTSTANDING		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100,000	SHS COMM.	NO PAR	55,130	COMM	NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 8-21-97
Check No.: 18135
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 8/19/97
Signature of Officer Date

RONALD W. MINEO
Print or Type Name of Officer

PRESIDENT
Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1
Filing Fee: \$50.00

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PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 85040		2. NAME OF CORPORATION JOSEPH R. LORING & ASSOCIATES, INC.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE ONE PENNSYLVANIA PLAZA		CITY NEW YORK	STATE NY
4. BUSINESS PHONE NO. (212) 563-7400		5. STATE OF INCORPORATION NEW YORK	6. SIC CODE 7518
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND CONSULTING ENGINEERING SERVICES			

8. NAMES AND ADDRESSES OF THE OFFICERS		
PRESIDENT NAME CHAIRMAN/CEO JOSEPH R. LORING		VICE PRESIDENT NAME VICE CHAIRMAN BARRY L. MALTZ
STREET ADDRESS ONE PENNSYLVANIA PLAZA		STREET ADDRESS ONE PENNSYLVANIA PLAZA
CITY NEW YORK	STATE NY	ZIP CODE 10119
SECRETARY NAME PRESIDENT RONALD W. MINEO		TREASURER NAME EXECUTIVE VICE PRESIDENT JOHN O. SAMUEL
STREET ADDRESS ONE PENNSYLVANIA PLAZA		STREET ADDRESS ONE PENNSYLVANIA PLAZA
CITY NEW YORK	STATE NY	ZIP CODE 10119

9. NAMES AND ADDRESSES OF THE DIRECTORS		
DIRECTOR NAME EXECUTIVE VICE PRES. - SECRETARY/TREASURER IZHAK ZUPOVITZ		DIRECTOR NAME SENIOR VICE PRESIDENT RICHARD HUMENN
STREET ADDRESS 1130 CONNECTICUT AVE.		STREET ADDRESS 1130 CONNECTICUT AVE.
CITY WASHINGTON	STATE D.C.	ZIP CODE 20036
DIRECTOR NAME VICE PRESIDENT MICHAEL DESROCHERS		DIRECTOR NAME THOMAS RONAY
STREET ADDRESS ONE PENNSYLVANIA PLAZA		STREET ADDRESS ONE PENNSYLVANIA PLAZA
CITY NEW YORK	STATE NY	ZIP CODE 10119

10. SHARES AUTHORIZED AND ISSUED			10. SHARES AUTHORIZED AND ISSUED		
AUTHORIZED SHARES			ISSUED SHARES / OUTSTANDING		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
100,000 SHS	COMM NO PAR		67,066	COMM	NO PAR

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

File Date: 3/28/96
Check No: 14828
By: *[Signature]*

[Signature]
Signature of Officer
RONALD W. MINEO
Print or Type Name of Officer
PRESIDENT
Title of Officer
3/26/96
Date

For Secretary of State Use Only