

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 #10E

**FILED**  
**Jan 23, 1999 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

01-23-1999 90021 015 \*\*\*\*150.00

DOCUMENT # **835769**

1. Corporation Name  
**QUICK & REILLY, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 26 BROADWAY  
 11TH FLOOR  
 NEW YORK NY 10004  
 US

Mailing Address  
 26 BROADWAY  
 11TH FLOOR  
 NEW YORK NY 10004  
 US

3. Date Incorporated or Qualified  
**02/10/1976**

4. FEI Number  
**13-2779884**

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

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

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	AS	<input type="checkbox"/> DELETE
NAME	O'HERN, MARY	
STREET ADDRESS	13 WOODMERE AVE	
CITY-ST-ZIP	RUMSON NJ	
TITLE	P	<input type="checkbox"/> DELETE
NAME	QUICK, PETER	
STREET ADDRESS	118 HORSESHOE RD	
CITY-ST-ZIP	MILL NECK NY	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	QUICK, LESLIE C	
STREET ADDRESS	3 MORTON LANE	
CITY-ST-ZIP	WARREN NJ	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BOTT, ROBERT	
STREET ADDRESS	149 WEYFORD TERRACE	
CITY-ST-ZIP	GARDEN CITY NY	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CORSO, JOE	
STREET ADDRESS	79 WASHINGTON PLACE, APT 5R	
CITY-ST-ZIP	NY NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary E O'Hern 1/6/99 212-747-5112  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)