

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 08, 2000 8:00 am**  
**Secretary of State**

08-08-2000 90026 027 \*\*\*550.00

DOCUMENT # **F94000000770**

1. Entity Name  
**ESSEX NATIONAL SECURITIES, INC.**

Principal Place of Business  
**825 THIRD AVENUE  
 NEW YORK NY 10022**

Mailing Address  
**825 THIRD AVENUE  
 NEW YORK NY 10022**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-3536697**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NATIONAL CORPORATE RESEARCH, LTD., INC.  
 1406 HAYS STREET, SUITE 2  
 TALLAHASSEE FL 32301**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>CCEO</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CROWE, KEVIN E</b>	
STREET ADDRESS	<b>825 3RD AVENUE</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10022</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>NICHOLAS, FREDERICK S III</b>	
STREET ADDRESS	<b>825 3RD AVENUE</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10022</b>	
TITLE	<b>EVP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WADE, WILLIAM N</b>	
STREET ADDRESS	<b>101 BRADFORD ROAD., STE 200</b>	
CITY-ST-ZIP	<b>WEXFORD PA 15090</b>	
TITLE	<b>VS</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ZYTKOWICZ, GREGORY G</b>	
STREET ADDRESS	<b>825 3RD AVENUE</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10022</b>	
TITLE	<b>TC</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LANTHIER, ELISA M</b>	
STREET ADDRESS	<b>825 3RD AVENUE</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10022</b>	
TITLE	<b>AT</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ROMANO, MELISSA</b>	
STREET ADDRESS	<b>825 THIRD AVENUE</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10022</b>	

TITLE	<b>Chairman/CEO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Frederick S. Nicholas III</b>	
STREET ADDRESS	<b>825 Third Avenue</b>	
CITY-ST-ZIP	<b>New York, NY 10022</b>	
TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Scott K. Davis</b>	
STREET ADDRESS	<b>215 Gateway Road West</b>	
CITY-ST-ZIP	<b>Napa, CA 94558</b>	
TITLE	<b>SVP/Chief of Operations</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>John M. Cooney</b>	
STREET ADDRESS	<b>215 Gateway Road West</b>	
CITY-ST-ZIP	<b>Napa, CA 94558</b>	
TITLE	<b>Senior Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Daniel P. Butterfield</b>	
STREET ADDRESS	<b>215 Gateway Road West</b>	
CITY-ST-ZIP	<b>Napa, CA 94558</b>	
TITLE	<b>VP/Treasurer/Controller</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Ella Sankisov</b>	
STREET ADDRESS	<b>215 Gateway Road West</b>	
CITY-ST-ZIP	<b>Napa, CA 94558</b>	
TITLE	<b>Assistant Secretary</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Margaret Geddes</b>	
STREET ADDRESS	<b>215 Gateway Road West</b>	
CITY-ST-ZIP	<b>Napa, CA 94558</b>	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Margaret Geddes* **REQUIRED** Margaret Geddes (707)  
 Assistant Secretary 7/11/00 258-5000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)