


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F94000000770</b> 1. Entity Name ESSEX NATIONAL SECURITIES, INC.	
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Principal Place of Business 825 THIRD AVENUE NEW YORK, NY 10022	Mailing Address 825 THIRD AVENUE NEW YORK, NY 10022
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DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 13-3536697	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301

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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. I am familiar with, and accept, the obligations of registered agent.

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO NICHOLAS, FREDERICK S 825 3RD AVE NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCOO COONEY, JOHN 215 GATEWAY RD W NAPA, CA 94558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFT CIANCARELLI, STEPHEN V 825 THIRD AVENUE NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSV WADE, WILLIAM N 101 BRADFORD ROAD SUITE 200 WEXFORD, PA 15090
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVNS EISELE, CURTIS R 8700 WEST BRYN MAWR SUITE 800S CHICAGO, IL 60631
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GEDDES, MARGARET 215 GATEWAY ROAD WEST NAPA, CA 94558

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stephen V. Ciancarelli CFO / SVP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR