

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P39443** (7)

1. Corporation Name  
**DALTON, GREINER, HARTMAN, MAHER & CO., INC.**



Principal Place of Business: **690 FIFTH AVENUE, SUITE 0425 NEW YORK NY 10111**  
Mailing Address: **1100 5TH AVENUE SOUTH SUITE 301 NAPLES FL 33940** *OK*

3. Date Incorporated or Qualified <b>06/29/1992</b>	3a. Date of Last Report <b>01/31/1995</b>
4. FEI Number <b>13-3567613</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business <b>1100 5th Avenue south</b>	2a. Mailing Address
22. Suite, Apt. #, etc. <b>Ste. 301</b>	26. Suite, Apt. #, etc.
23. City & State <b>NAPLES, FL</b>	27. City & State
24. Zip <b>33940</b>	28. Zip
25. Country <b>U.S.</b>	29. Country
30. Country	

9. Name and Address of Current Registered Agent <b>KEELER, MICHAEL W 1100 5TH AVENUE SOUTH SUITE 301 NAPLES FL 33940</b>	10. Name and Address of New Registered Agent
	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	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: *Michael W. Keeler VP* 1/24/96  
Signature, typed or printed name of registrant, title and title (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>C</b>	<input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>DALTON, TIMOTHY</b>		12 NAME	
STREET ADDRESS <b>990 ADMIRALTY PARADE EAST</b>		13 STREET ADDRESS <b>1100 5th Avenue South, Ste 301</b>	
CITY-ST-ZIP <b>NAPLES FL</b>		14 CITY-ST-ZIP <b>NAPLES, FL 33940</b>	
TITLE <b>VT</b>	<input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>HARTMAN, JAMES F.</b>		22 NAME	
STREET ADDRESS <b>4 LEATHERMAN COURT</b>		23 STREET ADDRESS <b>1100 5th Avenue South, Ste 301</b>	
CITY-ST-ZIP <b>ARMONK NY</b>		24 CITY-ST-ZIP <b>NAPLES, FL 33940</b>	
TITLE <b>PS</b>	<input type="checkbox"/> DELETE	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>GREINER, KENNETH J.</b>		32 NAME	
STREET ADDRESS <b>174 ASHAROKEN AVENUE</b>		33 STREET ADDRESS <b>1100 5th Avenue, South, Ste 301</b>	
CITY-ST-ZIP <b>NORTHPORT NY</b>		34 CITY-ST-ZIP <b>NAPLES, FL 33940</b>	
TITLE <b>V</b>	<input type="checkbox"/> DELETE	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>MAHER, KEVIN J.</b>		42 NAME	
STREET ADDRESS <b>89 DURAND ROAD</b>		43 STREET ADDRESS <b>1100 5th Avenue South Ste 301</b>	
CITY-ST-ZIP <b>MAPLEWOOD NJ</b>		44 CITY-ST-ZIP <b>NAPLES, FL 33940</b>	
TITLE <b>V</b>	<input type="checkbox"/> DELETE	5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>KEELER, MICHAEL W</b>		52 NAME	
STREET ADDRESS <b>20 EUCLID AVENUE</b>		53 STREET ADDRESS <b>1100 5th Avenue South, Ste 301</b>	
CITY-ST-ZIP <b>MAPLEWOOD NJ</b>		54 CITY-ST-ZIP <b>NAPLES, FL 33940</b>	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael W. Keeler* 1/24/96 (941) 261-3055  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (12/95)