

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05484

Entity Name: PEOPLE'S SECURITIES, INC.

Current Principal Place of Business:

850 MAIN STREET
2ND FLOOR
BRIDGEPORT, CT 06604

Current Mailing Address:

850 MAIN STREET
2ND FLOOR
BRIDGEPORT, CT 06604 US

FEI Number: 06-1082686

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD., INC.
155 OFFICE PLAZA DRIVE
TALLAHASSEE, FL 32301 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name MICHAEL, HARKINS E
Address 850 MAIN STREET
City-State-Zip: BRIDGEPORT CT 06604

Title T
Name MCELWEE, BRUCE T
Address 850 MAIN STREET
City-State-Zip: BRIDGEPORT CT 06604

Title D
Name BARNES, JACK P
Address 850 MAIN STREET
City-State-Zip: BRIDGEPORT CT 06604

Title VP
Name DENNIS, BEIRNE P
Address 850 MAIN STREET
City-State-Zip: BRIDGEPORT CT 06604

Title CS
Name CHONKO, PATRICIA L
Address 850 MAIN STREET
City-State-Zip: BRIDGEPORT CT 06601

Title D
Name D'AMORE, ROBERT
Address 850 MAIN STREET
City-State-Zip: BRIDGEPORT CT 06604

Title DIRECTOR
Name TRAUTMANN, ROBERT E
Address 850 MAIN STREET
16TH FLOOR
City-State-Zip: BRIDGEPORT CT 06604

Title DIRECTOR
Name SIMON, CHANTAL D
Address 850 MAIN STREET
16TH FLOOR
City-State-Zip: BRIDGEPORT CT 06604

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRUCE T MCELWEE

TREASURER

03/27/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DAUKAS, GALAN G
Address 850 MAIN STREET
 16TH FLOOR
City-State-Zip: BRIDGEPORT CT 06604