

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

NON-PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **660835** (0)

1. Corporation Name
STATE STREET CAPITAL MARKETS, CORP.



Principal Place of Business: **17 STATE STREET NEW YORK NY 10005**
Mailing Address: **17 STATE STREET NEW YORK NY 10005**

3. Date Incorporated or Qualified: **03/27/1980**
3a. Date of Last Report: **07/14/1995**
4. FEI Number: **59-2312073**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 One World Trade Center**
2a. Mailing Address: **26 One World Trade Center**
22. **40th Floor**
27. **40th Floor**
23. **New York, N.Y.**
28. **New York, N.Y.**
24. **10005** 25. **USA** 29. **10048** 30. **USA**

9. Name and Address of Current Registered Agent: **C T CORPORATION SYSTEM 1200 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: _____ 85 Zip Code: **FL**

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: _____ DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | P <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SENECA, CATHLEEN | 1.2 NAME | |
| STREET ADDRESS | 17 STATE STREET | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | NEW YORK NY | 1.4 CITY - ST - ZIP | |
| TITLE | CEO <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DOUKAS, JOHN | 2.2 NAME | |
| STREET ADDRESS | 17 STATE STREET | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | NEW YORK NY | 2.4 CITY - ST - ZIP | |
| TITLE | ST <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LAURIA, SAL | 3.2 NAME | |
| STREET ADDRESS | 17 STATE STREET | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | NEW YORK NY | 3.4 CITY - ST - ZIP | |
| TITLE | V <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | POLAKOFF, VICTOR | 4.2 NAME | |
| STREET ADDRESS | 17 STATE STREET | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | NEW YORK NY | 4.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 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 Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: C. Seneca **C. Seneca** 3/29/96 (212) 493-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)