

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

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

Applied For
Not Applicable

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

Suite, Apt. #, etc.

22 40th Floor

Suite, Apt. #, etc.

27 40th Floor

City & State

23 New York, N.Y.

City & State

28 New York, N.Y.

Zip

24 10005

Country

25 USA

Zip

29 10048

Country

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

FL

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

Signature typed or printed name of registered agent (if not applicable)

(Print Name, Registered Agent Signature, and Address of New Agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME SENECA, CATHLEEN
STREET ADDRESS 17 STATE STREET
CITY-ST-ZIP NEW YORK NY ☐ DELETE

TITLE CEO
NAME DOUKAS, JOHN
STREET ADDRESS 17 STATE STREET
CITY-ST-ZIP NEW YORK NY ☐ DELETE

TITLE ST
NAME LAURIA, SAL
STREET ADDRESS 17 STATE STREET
CITY-ST-ZIP NEW YORK NY ☐ DELETE

TITLE V
NAME POLAKOFF, VICTOR
STREET ADDRESS 17 STATE STREET
CITY-ST-ZIP NEW YORK NY ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 on an attachment with an address.

SIGNATURE:

C. Seneca
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. Seneca

3/29/96

(212) 493-7100

CR2E034 (12/95)