

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 28 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # 835769 (1)**  
 1. Corporation Name  
**QUICK & REILLY, INC.**



Principal Place of Business  
**26 BROADWAY  
 11TH FLOOR  
 NEW YORK NY 10004  
 US**

Mailing Address  
**26 BROADWAY  
 11TH FLOOR  
 NEW YORK NY 10004-1708  
 US**

3. Date Incorporated or Qualified **02/10/1976** 3a. Date of Last Report **02/15/1996**

2. Principal Place of Business 2a. Mailing Address  
 21 Suite Apt. #, etc. 26 Suite Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

4. FEI Number **13-2779884** 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

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

12. OFFICERS AND DIRECTORS

|                 |                             |  |
|-----------------|-----------------------------|--|
| TITLE           | AS                          | <input type="checkbox"/> DELETE            |
| NAME            | O'HERN, MARY                |  |
| STREET ADDRESS  | 13 WOODMERE AVE             |  |
| CITY - ST - ZIP | RUMSON NJ                   |  |
| TITLE           | P                           | <input checked="" type="checkbox"/> DELETE |
| NAME            | QUICK, TOM                  |  |
| STREET ADDRESS  | 1214 MOORES HILL ROAD       |  |
| CITY - ST - ZIP | LAUREL HOLLOW NY            |  |
| TITLE           | VPD                         | <input type="checkbox"/> DELETE            |
| NAME            | QUICK, LESLIE C             |  |
| STREET ADDRESS  | 3 MORTON LANE               |  |
| CITY - ST - ZIP | WARREN NJ                   |  |
| TITLE           | VPD                         | <input type="checkbox"/> DELETE            |
| NAME            | BOTT, ROBERT                |  |
| STREET ADDRESS  | 149 WEYFORD TERRACE         |  |
| CITY - ST - ZIP | GARDEN CITY NY              |  |
| TITLE           | VPD                         | <input type="checkbox"/> DELETE            |
| NAME            | CORSO, JOE                  |  |
| STREET ADDRESS  | 79 WASHINGTON PLACE, APT 5R |  |
| CITY - ST - ZIP | NY NY                       |  |
| TITLE           |                             | <input type="checkbox"/> DELETE            |
| NAME            |                             |  |
| STREET ADDRESS  |                             |  |
| CITY - ST - ZIP |                             |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |  |
|---------------------|--|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME            |  |
| 1.3 STREET ADDRESS  |  |
| 1.4 CITY - ST - ZIP |  |
| 2.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            | <b>President Peter Quick</b>   |
| 2.3 STREET ADDRESS  | <b>118 Horseshoe Rd.</b>   |
| 2.4 CITY - ST - ZIP | <b>Mill Neck, NY 11765</b>   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            |  |
| 3.3 STREET ADDRESS  |  |
| 3.4 CITY - ST - ZIP |  |
| 4.1 TITLE           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME            |  |
| 4.3 STREET ADDRESS  |  |
| 4.4 CITY - ST - ZIP |  |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |  |
| 5.3 STREET ADDRESS  |  |
| 5.4 CITY - ST - ZIP |  |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            |  |
| 6.3 STREET ADDRESS  |  |
| 6.4 CITY - ST - ZIP |  |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Mary O'Hern*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)