

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 #10E

FILED
Jan 23, 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

01-23-1999 90021 015 ****150.00

DOCUMENT # **835769**

1. Corporation Name
QUICK & REILLY, INC.



DO NOT WRITE IN THIS SPACE

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

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

3. Date Incorporated or Qualified
02/10/1976

4. FEI Number
13-2779884

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

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

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'HERN, MARY	1.2 NAME	
STREET ADDRESS	13 WOODMERE AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	RUMSON NJ	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUICK, PETER	2.2 NAME	
STREET ADDRESS	118 HORSESHOE RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MILL NECK NY	2.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUICK, LESLIE C	3.2 NAME	
STREET ADDRESS	3 MORTON LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WARREN NJ	3.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOTT, ROBERT	4.2 NAME	
STREET ADDRESS	149 WEYFORD TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	GARDEN CITY NY	4.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORSO, JOE	5.2 NAME	
STREET ADDRESS	79 WASHINGTON PLACE, APT 5R	5.3 STREET ADDRESS	
CITY-ST-ZIP	NY NY	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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: Mary E O'Hern Date: 1/6/99 Daytime Phone #: 212-747-5112

CR2E034 (11/98)