FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 24 AM 7:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **837242** **(7)**

1. Corporation Name
KIDDER PEABODY SALES AGENCY, INC.

Principal Place of Business	Mailing Address
10 HANOVER SQ NEW YORK NY 10005 US	10 HANOVER SQ. 19TH FL TAX DEPT NEW YORK NY 10005 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/21/1976**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address
21	26 c/o G.E. Capital Corp.
22 Suite, Apt. #, etc.	27 777 Long Ridge Road
23 City & State	28 Stamford, CT
24 Zip / 25 Country	29 06927 / 30 USA

4. FEI Number: **36-2884651** ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	11 TITLE	D	☒ Change ☐ Addition
NAME	MARTORELLA, JOSEPH	12 NAME		
STREET ADDRESS	10 HANOVER SQUARE	13 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE	P	☒ Change ☐ Addition
NAME	GIMBEL, THOMAS S	22 NAME	Christopher Gable	
STREET ADDRESS	60 BROAD ST	23 STREET ADDRESS	10 Hanover Square	
CITY-ST-ZIP	NEW YORK NY	24 CITY-ST-ZIP	New York, NY 10005	
TITLE	VP	31 TITLE		☐ Change ☐ Addition
NAME	CLARK, DAV C.	32 NAME		
STREET ADDRESS	10 HANOVER SQ	33 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	34 CITY-ST-ZIP		
TITLE	VSD	41 TITLE		☐ Change ☐ Addition
NAME	OTT, GILBERT R. JR.	42 NAME		
STREET ADDRESS	10 HANOVER SQUARE	43 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	44 CITY-ST-ZIP		
TITLE	VP	51 TITLE		☐ Change ☐ Addition
NAME	SKEVIN, EILEEN	52 NAME		
STREET ADDRESS	10 HANOVER SQ	53 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	54 CITY-ST-ZIP		
TITLE	VPD	61 TITLE		☐ Change ☐ Addition
NAME	SCHLECK, CHARLES E.	62 NAME		
STREET ADDRESS	10 HANOVER SQ	63 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	64 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: Eileen M. Skevin April 13, 1995 (212) 510-5113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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