

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # 837639

1. Entity Name  
ADVEST, INC.



Principal Place of Business  
ATTN: CHERYL GORHAM  
90 STATE HOUSE SQUARE  
HARTFORD, CT 06103

Mailing Address  
ATTN: CHERYL GORHAM  
90 STATE HOUSE SQUARE  
HARTFORD, CT 06103



01042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 06-0950348	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDCE MULLANE, DANIEL 90 STATE HOUSE SQUARE HARTFORD, CT 06103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVSC KUCKRO, LEE G 90 STATE HOUSE SQUARE HARTFORD, CT 06103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVMD CHOLAWA, WILLIAM A 90 STATE HOUSE SQUARE HARTFORD, CT 06103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVTF DIAMOND, JASON H 90 STATE HOUSE SQUARE HARTFORD, CT 06103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVAS HOROWITZ, DAVID A 90 STATE HOUSE SQUARE HARTFORD, CT 06103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD ANDERSON, GREGORY J 12 BROADWAY 12TH FLOOR NEW YORK, NY 10271

000000387944  
01/19/06-80060-004 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1-5-06 Daytime Phone #: 860-609-2110