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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 1. Corporation Name

838333

(3)

TUCKER ANTHONY INCORPORATED

Principal Place	of Business	Mailing Add	ress							
ONE BECON			200 LIBERTY STREET. 1 WORLD FINANCIAL CTR. 3RD FLOOR NEW YORK NY 10281			R.				
BOSTON MA US	02108									
03		US	NI IOZOI				3. Date Incorporated or Qualified 05/02/1977	3a. Date of L 02/08		
2. Principal Pl	ace of Business	2a. Mailing A	Address				4. FEI Number		Applied For	
21		26					04-2566229		Not Applicable	
Suite, Apt.	#, etc.	— — · · ·	ot. #, etc.				5. Certificate of Status Desired		75 Additional	
22		27						F	ee Required	
City & State	9	City & Si	ate				6. Election Campaign Financing		.00 May Be	
23 Zip	Country	28 Zip	·····	Country			Trust Fund Contribution 8. This corporation has liability for in		ided to Fees	
24	25	29	30]]	· · · · · · · · · · · · · · · · · · ·	itangiole tax unde]Yes ☑ No	8 8. 199,002,	
<u>- 1</u>	9. Name and Address of Curre			l			10. Name and Address of New Re	A		
				81	Name					
THE PRE	ENTICE-HALL CORPORATION S	YSTEM, INC.		82	Street 4	Address	s (P.O. Box Number is Not Acceptable	<u>al</u>		
	ys street				Oli COL 7	r Koren bek	, i.o. box rambor is not nooplas.	-,		
SUITE 16	05			83						
TALLAHA	ASSEE FL 32301			84	City		 	 8 5	Zip Code	
					· · · · · · · · · · · · · · · · · · ·					
11. Pursuant	to the provisions of Sections 617.050	02 and 617.1508, F	lorida Statutes, the	e above-r	named co	poration	on submits this statement for the purp of directors. I hereby accept the appo	ose of changing i	ts registered office	
familiar wi	th, and accept the obligations of, Sec	ction 617.0503, Flo	rida Statutes.	the corp	Oradons	board C	or directors, i nereby accept the appo	inititient as registe	red agent. Fam	
SIGNATURE										
- 10	Signature, typed or printed name of registered age		(NOTE: Reg		it signature re	equired wh	en reinstating)	DATE	STODO IN 10	
12. TITLE	CCD OFFICERS AI	ND DIRECTORS	DELETE	13.			ADD:TIONS/CHANGES TO OFFI	Chan	· · · · · · · · · · · · · · · · · · ·	
	GOLDSMITH, JOHN H	L_	Joetele					L.J Orian	ge [] Addition	
NAME STREET ADDRESS	ONE BEACON ST		1	1.2 NAME 1.3 STREET	ADDOCCO					
	BOSTON MA					i				
CITY-ST-ZIP TITLE	PD]DELETE	14 CITY-S 21 TITLE	11 - ZIP	EU	'P & DIRECTOR	Chan	ge 🔲 Addition	
NAME	PASQUALE, THOMAS A			2 2 NAME		EV	r & DIRECTOR	- A	.	
STREET ADDRESS	200 LIBERTY STREET			2 3 STREET	ADDRESS					
CITY-ST-ZIP	NEW YORK NY			2 4 CITY - 9	- 1					
TITLE	SEV		DELETE	3 1 TITLE				Chan	ge 🔲 Addition	
NAME	MICHAEL, MICHAEL L	_		32 NAME						
STREET ADORESS	ONE BEACON STREET			33 STREET	ADDRESS					
CITY - ST - ZIP	BOSTON MA			3.4. C(TY - 9	ST - Z IP					
TITLE	T)DELETE	4 1 THILE				Chan	ge 🔲 Addition	
NAME	GILLIGAN, THOMAS		Į,	4 2 NAME						
STREET ADDRESS	200 LIBERTY STREET			43STREFT	ADDRESS					
CITY-ST-ZIP	NEW YORK NY			4.4 CITY - S	T-ZIP	ļ				
TITLE	EVD]DELETE	5 1 TITLE		PRE	ESIDENT	CXChan	ge 🔲 Addition	
NAME	YEVICH, ROBERT H.			5 2 NAME						
STREET ADDRESS	200 LIBERTY STREET			53STREET						
CITY-ST-ZIP	NEW YORK NY		inciere	54 CITY - S	IT-ZIP	 		□ 6	no Dáddistas	
TITLE	ONEN DOBCOTE	Ĺ]DELETE	61 TITLE				☐ Chan	ge	
NAME Proces upopose	O'NEILL, ROBERT F. 200 LIBERTY ST.			6.2 NAME						
STREET ADDRESS	NEW YORK NY			6.3 STREET						
CITY-ST-ZIP 14. Ldo hereb	l	d with this filma is w	oluntarily furnished	6.4 CITY-S and doe		L	the exemption stated in Section 119.0	7(3)(k). Florida St	atutes. I further	
certify tha	it the information indicated on this an	nual report or suppl	lementál annual re	port is tru	ie and ac	curate a	and that my signature shall have the seport as required by Chapter 617, Flo	same legal effect a	as if made under	
appears in	n Block 12 or Block 13 if changed, or	r on an attachment	with an address) Dowarad	LO BABUUR	w uns le	рон аз гадинастру Опаріан от F, FIO	nua siaiules, dPC	говотну патне	

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIFIC OFFICER OR DIRECTOR

2/5/96

212-225-8050

Design Printed Name OF SIGNIFIC OFFICER OR DIRECTOR

2/5/96

212-225-8050

Design Printed Name OF SIGNIFIC OFFICER OR DIRECTOR

CR2E037 (12/95)

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ATTACHMENT TO FLORIDA ANNUAL REPORT FORM

Questions #12

TITLE	NAME	<u>ADDRESS</u>	CITY & STATE
E/V	Clive B. Fazioli	1 Beacon Street	Boston, MA
E/V/D	Kevin J. Dunn	1 Beacon Street	Boston, MA
E/V	Lawrence McGuire	1 Beacon Street	Boston, MA
A/S	Paul Lieberman	200 Liberty Street	New York, NY
E/V	Thomas V. Ridge	1 Beacon Street	Boston, MA
D	Lawrence Kirshbaum	200 Liberty Street	New York, NY
D/S	Kevin McKay	200 Liberty Street	New York, NY
CIO	Dennis Cassidy	200 Liberty Street	New York, NY
E/V	Marc Menchel	200 Liberty Street	New York, NY