

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 838333 (3)**

1. Corporation Name  
**TUCKER ANTHONY INCORPORATED**



Principal Place of Business <b>ONE BECON STREET BOSTON MA 02108 US</b>	Mailing Address <b>200 LIBERTY STREET. 1 WORLD FINANCIAL CTR. 3RD FLOOR NEW YORK NY 10281-1003 US</b>
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3. Date Incorporated or Qualified <b>05/02/1977</b>	3a. Date of Last Report <b>02/14/1996</b>
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number <b>04-2566229</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	<b>CCD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOLDSMITH, JOHN H</b>	1.2 NAME	
STREET ADDRESS	<b>ONE BEACON ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOSTON MA</b>	1.4 CITY-ST-ZIP	
TITLE	<b>EVPD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PASQUALE, THOMAS A</b>	2.2 NAME	
STREET ADDRESS	<b>200 LIBERTY STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	2.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GILLIGAN, THOMAS</b>	3.2 NAME	
STREET ADDRESS	<b>200 LIBERTY STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	3.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YEVICH, ROBERT H.</b>	4.2 NAME	
STREET ADDRESS	<b>200 LIBERTY STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	4.4 CITY-ST-ZIP	
TITLE	<b>EV</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>O'NEILL, ROBERT F.</b>	5.2 NAME	
STREET ADDRESS	<b>200 LIBERTY ST.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **ROBERT H. YEVICH - PRESIDENT** *RS H 2* 2/11/97 212-225-8050

CR2E037 (9/96)

**ATTACHMENT TO FLORIDA ANNUAL REPORT FORM**

**Questions #12**

<b><u>TITLE</u></b>	<b><u>NAME</u></b>	<b><u>ADDRESS</u></b>	<b><u>CITY &amp; STATE</u></b>
E/V	Clive B. Fazioli	1 Beacon Street	Boston, MA
E/V/D	Kevin J. Dunn	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