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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **838333** (3)
1. Corporation Name
TUCKER ANTHONY INCORPORATED

Principal Place of Business ONE BECON STREET BOSTON MA 02108 US	Mailing Address 200 LIBERTY STREET, 1 WORLD FINANCIAL CTR. 3RD FLOOR NEW YORK NY 10281 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 05/02/1977	4. FEI Number 04-2566229	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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 **FL** 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCD GOLDSMITH, JOHN H ONE BEACON ST BOSTON MA <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GILLIGAN, THOMAS 200 LIBERTY STREET NEW YORK NY <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P / D YEVICH, ROBERT H. 200 LIBERTY STREET NEW YORK NY <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV O'NEILL, ROBERT F. 200 LIBERTY ST. NEW YORK NY <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	T MULLIN, JOHN 200 LIBERTY STREET NEW YORK, NY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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** 1/15/98 212-225-8000

CR2E037 (10/97)

ATTACHMENT TO FLORIDA ANNUAL REPORT FORM

Questions #12

<u>TITLE</u>	<u>NAME</u>	<u>ADDRESS</u>	<u>CITY & STATE</u>
E/V/D	Kevin J. Dunn	1 Beacon Street	Boston, MA
A/S	Patrick Howley	200 Liberty Street	New York, NY
E/V/D	Thomas V. Ridge	1 Beacon Street	Boston, MA
E/V/D	Lawrence Kirshbaum	200 Liberty Street	New York, NY
E/V/A/S	Kevin McKay	200 Liberty Street	New York, NY
E/V/S	Marc Menchel	200 Liberty Street	New York, NY
D	Molly Cramer	1 Beacon Street	Boston, MA
D	Mark Donohue	1 Beacon Street	Boston, MA
D	AnnMarie Etergino	1300 I Street	Washington, DC
D	Robert Lehrer	200 Liberty Street	New York, NY
D	Thomas Nash	1 Beacon Street	New York, NY
D	Richard Nydegger	131 Main Street	Southampton, NY
D	Robert Segel	1 Beacon Street	Boston, MA