


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90169 049 \*\*\*\*61.25

0002107

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 838333</b>					
1. Corporation Name <b>TUCKER ANTHONY INCORPORATED</b>					
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 US</b>		



\* 150062 90169 49

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date incorporated or Qualified <b>05/02/1977</b>	
				4. FEI Number <b>04-2566229</b>	
				Applied For 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>	

9. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code			
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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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 with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

1/19/99

212-225-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

150062-90169-49  
838333

**ATTACHMENT TO FLORIDA ANNUAL REPORT FORM**

Questions #12

<u>TITLE</u>	<u>NAME</u>	<u>ADDRESS</u>	<u>CITY &amp; 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/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