

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **838957**

1. Corporation Name

CIBC WORLD MARKETS CORP.

Principal Place of Business

**OPPENHEIMER TOWER, 200 LIBERTY ST.
WORLD FINANCIAL CENTER
NEW YORK NY 10281**

Mailing Address

**OPPENHEIMER TOWER, 200 LIBERTY ST.
WORLD FINANCIAL CENTER
NEW YORK NY 10281**

2. Principal Place of Business

21 **200 LIBERTY ST.**

Suite, Apt. #, etc.

22 City & State

23 **NEW YORK, NY**

Zip

24 **10281** 25 **USA**

2a. Mailing Address

26 **200 LIBERTY ST**

Suite, Apt. #, etc.

27 City & State

28 **NEW YORK, NY**

Zip

29 **10281** 30 **USA**

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

08/16/1977

4. FEI Number

13-2798343

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☒ No

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 607.0502 and 607.1508, 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 607.0505, 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

TITLE **CD** ☒ DELETE

NAME **ROBERT, STEPHEN**
STREET ADDRESS **% OPPENHEIMER TOWER**
CITY-ST-ZIP **NEW YORK NY 10281**

TITLE **PD** ☐ DELETE

NAME **GANTCHER, NATHAN**
STREET ADDRESS **% OPPENHEIMER TOWER**
CITY-ST-ZIP **NEW YORK NY 10281**

TITLE **S** ☒ DELETE

NAME **KLEINBERG, ROBERT I.**
STREET ADDRESS **% OPPENHEIMER TOWER**
CITY-ST-ZIP **NEW YORK NY 10281**

TITLE **EVP** ☒ DELETE

NAME **FERNANDEZ, ANTONIO**
STREET ADDRESS **% OPPENHEIMER TOWER**
CITY-ST-ZIP **NEW YORK NY 10281**

TITLE **AS** ☒ DELETE

NAME **KRAMER, JOYCE L**
STREET ADDRESS **% OPPENHEIMER TOWER**
CITY-ST-ZIP **NEW YORK NY 10281**

TITLE **AS** ☒ DELETE

NAME **BLUM, ROBERT L**
STREET ADDRESS **% OPPENHEIMER TOWER**
CITY-ST-ZIP **NEW YORK NY 10281**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **CEO** ☐ Change ☒ Addition

1.2 NAME **MICHAEL S. RULLE**
1.3 STREET ADDRESS **200 LIBERTY ST**
1.4 CITY-ST-ZIP **NEW YORK, NY 10281**

2.1 TITLE **VICE CHAIRMAN** ☒ Change ☐ Addition

2.2 NAME **200 LIBERTY STREET**
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **VICE CHAIRMAN** ☐ Change ☒ Addition

3.2 NAME **THOMAS M. GALLAGHER**
3.3 STREET ADDRESS **200 LIBERTY ST**
3.4 CITY-ST-ZIP **NEW YORK, NY 10281**

4.1 TITLE **DEPUTY CHAIRMAN** ☐ Change ☒ Addition

4.2 NAME **BRUCE BERGER**
4.3 STREET ADDRESS **200 LIBERTY ST**
4.4 CITY-ST-ZIP **NEW YORK, NY 10281**

5.1 TITLE **MANAGING DIRECTOR** ☐ Change ☒ Addition

5.2 NAME **GORDON MARTIN**
5.3 STREET ADDRESS **200 LIBERTY ST**
5.4 CITY-ST-ZIP **NEW YORK, NY 10281**

6.1 TITLE **SECRETARY** ☐ Change ☒ Addition

6.2 NAME **PATRICIA BOURDON**
6.3 STREET ADDRESS **425 LEXINGTON AV**
6.4 CITY-ST-ZIP **NEW YORK, NY 10017**

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE

8/19/99

212-667-5128

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0124455

CR2E034 (5/99)