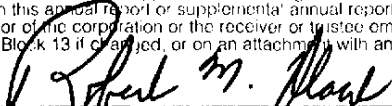


FILE NOW: FILING FEE AFTER MAY 1, IS \$550.00

FILED
Jun 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 851107 (3)		1. Corporation Name DOMINICK & DOMINICK INCORPORATED			
Principal Place of Business Financial Square 32 Old Slip New York, NY 10005		Mailing Address			
2. Principal Place of Business 21 Financial Sq.-32 Old Slip Suite, Apt. #, etc.		2a. Mailing Address 26 Financial Sq.-32 Old Slip Suite, Apt. #, etc.		3. Date Incorporated or Qualified 11-25-1981 3a. Date of Last Report 01-29-96	
22 34 Floor City & State		27 34 Floor City & State		4. FEI Number 13-2869428 Applied For ☐ Not Applicable	
23 New York NY Zip		28 New York NY Zip		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24 10005 25 USA		29 10005 30 USA		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324			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 fee, if applicable) (NOTE: Registered Agent signature required when re-stating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	President, Director, Secretary ☐ DELETE				
NAME	Paul L. Kennedy				
STREET ADDRESS	Financial Square - 32 Old Slip				
CITY-ST-ZIP	New York, NY 10005				
TITLE	EVP, CFO, Director ☐ DELETE				
NAME	Paul Morgante				
STREET ADDRESS	Financial Square - 32 Old Slip				
CITY-ST-ZIP	New York, NY 10005				
TITLE	EVP, Director ☐ DELETE				
NAME	Bradley P. Sweeny				
STREET ADDRESS	Financial Square - 32 Old Slip				
CITY-ST-ZIP	New York, NY 10005				
TITLE	Vice Chairman ☒ DELETE				
NAME	Henry Glanternik				
STREET ADDRESS	Financial Square - 32 Old Slip				
CITY-ST-ZIP	New York, NY 10005				
TITLE	Sr.V.P., Treasurer ☐ DELETE				
NAME	Roseann Tagnani Cook				
STREET ADDRESS	Financial Square - 32 Old Slip				
CITY-ST-ZIP	New York, NY 10005				
TITLE	Sr.V.P., Compliance Dir. ☐ DELETE				
NAME	Robert M. Hladek				
STREET ADDRESS	Financial Square - 32 Old Slip				
CITY-ST-ZIP	New York, NY 10005				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE ☐ Change ☐ Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE ☐ Change ☐ Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE ☐ Change ☐ Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE ☐ Change ☐ Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE ☐ Change ☐ Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE ☐ Change ☐ Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
500002213055 --06/16/97--01101--035 ***165.00					
65 6/11/97					
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: 			06-06-97 (212) 558-8800		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Robert M. Hladek, Sr. V.P. - Compliance Director					

CR2E034 (9/96)