

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000002752

1. Entity Name
PUTNAM LOVELL SECURITIES INC.

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91236 032 ***550.00

Principal Place of Business

Mailing Address

**PIER FIVE
THE EMBARCADERO
SAN FRANCISCO CA 94111**

**PIER FIVE
THE EMBARCADERO
SAN FRANCISCO CA 94111**

2. Principal Place of Business

3. Mailing Address

Four Embarcadero

Four Embarcadero

Suite, Apt. #, etc.

Suite, Apt. #, etc.

26th Floor

26th Floor

City & State

City & State

San Francisco, CA

San Francisco, CA

Zip

Country

Zip

Country

94111

USA

94111

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C.T. CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE **CD** ☐ Delete
NAME **PUTNAM, DONALD H**
STREET ADDRESS **212 UNION STREET**
CITY-ST-ZIP **SAN FRANCISCO CA 94133**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS **See attached for additions.**
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **PD** ☐ Delete
NAME **LOVELL, PJEFFREY D**
STREET ADDRESS **2017 PASEO DEL SOL**
CITY-ST-ZIP **PALOS VERDES EST CA 90274**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **STD** ☐ Delete
NAME **MORRIS, RICHARD I JR.**
STREET ADDRESS **11 SHELLEY COURT, 56 TITE STREET**
CITY-ST-ZIP **LONDON, ENGLAND**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete
NAME **HENSON, WILLIAM P**
STREET ADDRESS **256 LORING AVENUE**
CITY-ST-ZIP **PELHAM NY 10803**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VD** ☒ Delete
NAME **THORNTON, MARY PAT**
STREET ADDRESS **ONE PIERREPONT STREET**
CITY-ST-ZIP **BROOKLYN NY 11201**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete
NAME **BAKER, JOHN P JR.**
STREET ADDRESS **5 YORKE ROAD**
CITY-ST-ZIP **CONVENT STATION NJ 07960**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/01

(415) 772-2127

CR2E034 (10/00)