

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002423

Entity Name: HKC SECURITIES, INC.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

230 PARK AVENUE
NEW YORK, NY 10169

New Principal Place of Business:

60 EAST 42ND STREET
3112
NEW YORK, NY 10165

Current Mailing Address:

230 PARK AVENUE
NEW YORK, NY 10169

New Mailing Address:

60 EAST 42ND STREET
3112
NEW YORK, NY 10165

FEI Number: 13-3644507

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COHEN, HAROLD K
Address: 777 SOUTH FLAGLER DRIVE, 8TH FLOOR
City-St-Zip: WEST PALM BEACH, FL 33401

Title: SD () Delete
Name: COHEN, MAYA
Address: 777 SOUTH FLAGLER DRIVE, 8TH FLOOR
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VP () Delete
Name: NOVAK, BARBARA A
Address: 230 PARK AVENUE
City-St-Zip: NEW YORK, NY 10169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: NOVAK, BARBARA A
Address: 60 EAST 42ND STREET , STE. #3112
City-St-Zip: NEW YORK, NY 10165

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA A. NOVAK

VP

04/29/2009

Electronic Signature of Signing Officer or Director

Date