


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90018 018 ***150.00

DOCUMENT # F01000005838					
1. Entity Name FAHNESTOCK TRUST COMPANY					
Principal Place of Business 382 SPRINGFIELD AVENUE SUMMIT, NJ 07901		Mailing Address 382 SPRINGFIELD AVENUE SUMMIT, NJ 07901			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 22-3831284	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		City		FL	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LOWENTHAL, ALBERT G		NAME	Dennis McNamara	
STREET ADDRESS	125 BROAD STREET		STREET ADDRESS	125 Broad Street	
CITY-ST-ZIP	NEW YORK, NY 10004		CITY-ST-ZIP	New York, NY 10004	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LITTLE, JAMES S		NAME		
STREET ADDRESS	382 SPRINGFIELD AVE.		STREET ADDRESS		
CITY-ST-ZIP	SUMMIT, NJ 07901		CITY-ST-ZIP		
TITLE	VST	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STROEBEL, GEORGE F		NAME		
STREET ADDRESS	125 BROAD STREET		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10004		CITY-ST-ZIP		
TITLE	VAS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VALLAT, DEBORAH M		NAME		
STREET ADDRESS	382 SPRINGFIELD AVENUE		STREET ADDRESS		
CITY-ST-ZIP	SUMMIT, NJ 07901		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBERTS, ELAINE		NAME	DT	
STREET ADDRESS	20 EGLINTON AVE WEST		STREET ADDRESS		
CITY-ST-ZIP	TORONTO, CA m4r 1k8		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NEUHOFF, ROBERT M		NAME		
STREET ADDRESS	125 BROAD STREET		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10004		CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>James S. Little</i>		James S. Little, Pres		1/28/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 908-598-0572	



01282004 Chg-P CR2E034 (10/03)

Applied For
Not Applicable

\$8.75 Additional Fee Required

FL

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #