

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000003854

1. Entity Name

FINANCIAL MARKET INTERMEDIARIES, INC.



Principal Place of Business

**177 BROAD STREET, 9TH FL.
STAMFORD CT 06901**

Mailing Address

**177 BROAD STREET, 9TH FL.
STAMFORD CT 06901**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

30-0117021

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME	CEO MAY, DOUGLAS H	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	177 BROAD STREET, 9TH FL. STAMFORD CT 06901	
TITLE NAME	EVD COX, THOMAS R III	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	177 BROAD STREET, 9TH FL. STAMFORD CT 06901	
TITLE NAME	S YANG, YAN	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	177 BROAD STREET, 9TH FL. STAMFORD CT 06901	
TITLE NAME	C PITTA, LORI A	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	177 BROAD STREET, 9TH FL. STAMFORD CT 06901	
TITLE NAME	CEOD CROWELL, ROBERT D	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	177 BROAD STREET, 9TH FL. STAMFORD CT 06901	
TITLE NAME	V BARKLEY, BONNIE	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	177 BROAD STREET, 9TH FL. STAMFORD CT 06901	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP	U000000283808 04/01/05-80040-015 150.00	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert D. Crowell 3/28/05 (203) 975-2100

Date

Daytime Phone #