2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007390

Entity Name: HANOVER CAPITAL SECURITIES, INC.

Apr 25, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 200 METROPLEX DRIVE SUITE 100 EDISON, NJ 08817 **Current Mailing Address: New Mailing Address:** 200 METROPLEX DRIVE SUITE 100 EDISON, NJ 08817 FEI Number: 13-3528021 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATE SERVICE COMPANY 1201 HAYS STREET TALLAHASEE, FL 32301 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition HAHN, MATTHEW W Name: Name: HAHN, MATTHEW W 200 METROPLEX DRIVE, SUITE 100 200 METROPLEX DRIVE, SUITE 100 Address: Address: EDISON, NJ 08817 City-St-Zip: City-St-Zip: EDISON, NJ 08817 DPT Title: Title: () Delete () Change () Addition BURCHETT, JOHN A Name: Name: 200 METROPLEX DRIVE, SUITE 100 Address: Address: EDISON, NJ 08817 City-St-Zip: City-St-Zip: Title: Title: (X) Change () Addition () Delete DSVP TAVARES, IRMA N TAVARES, IRMA N Name: Name: 200 METROPLEX DRIVE, SUITE 100 200 METROPLEX DRIVE, SUITE 100 Address: Address: City-St-Zip: EDISON, NJ 08817 City-St-Zip: EDISON, NJ 08817 Title: VΡ () Delete Title: () Change () Addition STRICKLER, JAMES C Name: Name: Address: 200 METROPLEX DRIVE, SUITE 100 Address: City-St-Zip: EDISON, NJ 08817 City-St-Zip: Title: Title: (X) Change () Addition () Delete MCELRAFT, HAROLD F Name: Name: MCELRAFT, HAROLD F 200 METROPLEX DRIVE, SUITE 100 Address: 200 METROPLEX DRIVE, SUITE 100 Address: City-St-Zip: EDISON, NJ 08817 City-St-Zip: EDISON, NJ 08817

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: MATTHEW W. HAHN AS 04/25/2008