

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F07000004263**

1. Entity Name  
**CHAPDELAINE & CO. MUNICIPAL SECURITIES, INC.**



Principal Place of Business  
**ONE SEAPORT PLAZA  
NEW YORK, NY 10038**

Mailing Address  
**ONE SEAPORT PLAZA  
NEW YORK, NY 10038**



01072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>13-3163126</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**000000807625  
02/07/08-80013-026 158.75**

**10. OFFICERS AND DIRECTORS**

TITLE	C
NAME	CHAPDELAINE, RICHARD F
STREET ADDRESS	ONE SEAPORT PLAZA
CITY-ST-ZIP	NEW YORK, NY 10038
TITLE	DP
NAME	HOERNNER, AUGUST J
STREET ADDRESS	ONE SEAPORT PLAZA
CITY-ST-ZIP	NEW YORK, NY 10038
TITLE	DEVP
NAME	HARRINGTON, KEVIN
STREET ADDRESS	ONE SEAPORT PLAZA
CITY-ST-ZIP	NEW YORK, NY 10038
TITLE	DEVP
NAME	WHEELER, JAMES
STREET ADDRESS	ONE SEAPORT PLAZA
CITY-ST-ZIP	NEW YORK, NY 10038
TITLE	T
NAME	O'LEARY, TERESA
STREET ADDRESS	ONE SEAPORT PLAZA
CITY-ST-ZIP	NEW YORK, NY 10038
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

**1-30-2008**

Date

**212-208-9105**

Daytime Phone #