2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F07000004263

Title:

Name:

Address:

City-St-Zip:

FILED Jul 14, 2009 Secretary of State

Entity Name: CHAPDELAINE & CO. MUNICIPAL SECURITIES, INC. **Current Principal Place of Business: New Principal Place of Business:** ONE SEAPORT PLAZA NEW YORK, NY 10038 US **Current Mailing Address: New Mailing Address:** ONE SEAPORT PLAZA NEW YORK, NY 10038 US FEI Number: 13-3163126 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: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete Title: Title: (X) Change () Addition RICHARD CHAPDELAINE, RICHARD F Name: Name: ONE SEAPORT PLAZA NEW YORK NY 10038 ONE SEAPORT PLAZA NEW YORK NY 10038 Address: Address: City-St-Zip: NEW YORK, NY 10038 US City-St-Zip: NEW YORK, NY 10038 US Title: Title: () Delete (X) Change () Addition Name: AUGUST Name: HOERNNER, AUGUST J ONE SEAPORT PLAZA NEW YORK NY 10038 ONE SEAPORT PLAZA NEW YORK NY 10038 Address: Address: NEW YORK, NY 10038 US NEW YORK, NY 10038 US City-St-Zip: City-St-Zip: Title: Title: (X) Change () Addition D () Delete **KEVIN** HARRINGTON, KEVIN Name: Name: ONE SEAPORT PLAZA NEW YORK NY 10038 ONE SEAPORT PLAZA NEW YORK NY 10038 Address: Address: City-St-Zip: NEW YORK, NY 10038 US City-St-Zip: NEW YORK, NY 10038 US Title: () Delete Title: (X) Change () Addition **JAMES** WHEELER, JAMES Name: Name: ONE SEAPORT PLAZA NEW YORK NY 10038 Address: Address: ONE SEAPORT PLAZA NEW YORK NY 10038 City-St-Zip: City-St-Zip: NEW YORK, NY 10038 US NEW YORK, NY 10038 US

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: RICHARD F CHAPDELAINE С 07/14/2009

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