

5-11-97 B-2880 C
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PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11 1997 8:00am
Secretary of State

DOCUMENT # F93000003005 (6)

1. Corporation Name:
INDEPENDENT FINANCIAL MARKETING GROUP, INC.

Principal Place of Business
244 WESTCHESTER AVE.
WHITE PLAINS NY 10604

Mailing Address
244 WESTCHESTER AVE.
WHITE PLAINS NY 10604-2900

3. Date Incorporated or Qualified
06/29/1993

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 100 MANHATTANVILLE RD.
Suite, Apt. #, etc.

22 City & State
PURCHASE, NY

23 Zip
10577

24 Country

2a. Mailing Address

26 100 MANHATTANVILLE RD.
Suite, Apt. #, etc.

27 City & State
PURCHASE, NY

28 Zip
10577

29 Country

4. FEI Number
13-3585648

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE 106
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
CD
KAPLAN, DENIS
309 BLACKBERRY DRIVE
STAMFORD CT

TITLE ☐ DELETE

NAME
COD
RUSHOVICH, DENNIS
58 GREENS CIRCLE
STAMFORD CT

TITLE ☐ DELETE

NAME
ST
MICKENBERG, CLIFF
7 EVANS PL
ARMONK NY

TITLE ☐ DELETE

NAME
PD
HALVORSON, RODERICK J
244 WESTCHESTER AVENUE
WHITE PLAINS NY

TITLE ☐ DELETE

NAME
VD
HENDRICKSON, ROSEMARY J
244 WESTCHESTER AVENUE
WHITE PLAINS NY

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRUCE F. RIPEPI 3/3/97 (914) 696-5600

Date Daytime Phone #

CR2E034 (9/96)