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FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F93000003005 (6)

1. Corporation Name

INDEPENDENT FINANCIAL MARKETING GROUP, INC.

Principal Place of Business

Mailing Address

100 MANHATTANVILLE RD
PURCHASE NY 10577
US

100 MANHATTANVILLE RD
PURCHASE NY 10577
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/29/1993

4. FEI Number

13-3585648

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD
NAME KAPLAN, DENIS
STREET ADDRESS 309 BLACKBERRY DRIVE
CITY-ST-ZIP STAMFORD CT ☐ DELETE

TITLE COD
NAME RUSHOVICH, DENNIS
STREET ADDRESS 56 GREENS CIRCLE
CITY-ST-ZIP STAMFORD CT ☒ DELETE

TITLE T
NAME MICKENBERG, CLIFF
STREET ADDRESS 7 EVANS PL
CITY-ST-ZIP ARMONK NY ☐ DELETE

TITLE PD
NAME HALVORSON, RODERICK J
STREET ADDRESS 100 MANHATTANVILLE RD
CITY-ST-ZIP PURCHASE NY ☐ DELETE

TITLE VD
NAME HENDRICKSON, ROSEMARY J
STREET ADDRESS 121 S.W. SALMON, SUITE 1100
CITY-ST-ZIP PORTLAND OR ☒ DELETE

TITLE S
NAME RIPEPI, BRUCE F
STREET ADDRESS 100 MANHATTANVILLE RD
CITY-ST-ZIP PURCHASE NY ☐ DELETE

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 EXECUTIVE VICE PRESIDENT ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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: Bruce F. Rippe: 4-8-98 944-196-8100

CP2E034 (10/97)