

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Sep 08 1997 8:00am  
Secretary of State

DOCUMENT # F93000004256 (4)

1. Corporation Name  
WALSH SECURITIES, INC.

Principal Place of Business

4 CAMPUS DR.  
PARSIPPANY NJ 07054

Mailing Address

4 CAMPUS DR.  
PARSIPPANY NJ 07054

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/20/1993

3a. Date of Last Report

08/06/1996

4. FEI Number

22-3256427

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 Zip Country

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

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

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 V ☐ DELETE

NAME SCHLESINGER, FRED  
STREET ADDRESS 120 GRANDVIEW AVE.  
CITY-ST-ZIP N. CALDWELL NJ 07006

TITLE V ☐ DELETE

NAME ISBRANDSTEN, JOHN  
STREET ADDRESS 37 RALSEY RD. SOUTH  
CITY-ST-ZIP STAMFORD CT 06902

TITLE V ☐ DELETE

NAME COHN, ARNOLD J  
STREET ADDRESS 21 CLOVER HILL DR.  
CITY-ST-ZIP FLNDERS NJ 07836

TITLE V ☐ DELETE

NAME WALSH, JAMES  
STREET ADDRESS 10 SHERWOOD CT.  
CITY-ST-ZIP WARREN NJ 07052

TITLE V ☐ DELETE

NAME GILGAR, ARTHUR E  
STREET ADDRESS 16 SPRUCE RD.  
CITY-ST-ZIP N. CALDWELL NJ 07006

TITLE PD ☐ DELETE

NAME WALSH, ROBERT  
STREET ADDRESS 46 LAURA LANE  
CITY-ST-ZIP HARDING NJ 07960

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 REQUIRED

President/Director

201-538-9300

CR2E034 (4/97)