

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90159 015 \*\*\*150.00

DOCUMENT # F93000004256

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

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

9. Name and Address of Current Registered Agent

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

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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	<input type="checkbox"/> DELETE
NAME	SCHLESINGER, FRED	
STREET ADDRESS	120 GRANDVIEW AVE.	
CITY-ST-ZIP	N. CALDWELL NJ 07006	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ISBRANDSTEN, JOHN	
STREET ADDRESS	664 KING RD	
CITY-ST-ZIP	FRANKLIN LAKES NJ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	COHN, ARNOLD J	
STREET ADDRESS	5 VILLAGE CT	
CITY-ST-ZIP	RANDOLPH NJ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WALSH, JAMES	
STREET ADDRESS	10 SHERWOOD CT.	
CITY-ST-ZIP	WARREN NJ 07052	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GILGAR, ARTHUR E	
STREET ADDRESS	16 SPRUCE RD.	
CITY-ST-ZIP	N. CALDWELL NJ 07006	
TITLE	PD	<input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

*SIGNATURE REQUIRED*  
Robert C. Walsh

4/26/99

Date

973-538-9300

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)

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