

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F94000000770**

1. Entity Name  
**ESSEX NATIONAL SECURITIES, INC.**



Principal Place of Business  
**825 THIRD AVENUE  
NEW YORK, NY 10022**

Mailing Address  
**825 THIRD AVENUE  
NEW YORK, NY 10022**



01052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**13-3536697**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO NICHOLAS, FREDERICK S 825 3RD AVE NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCOC COONEY, JOHN 215 GATEWAY RD W NAPA, CA 94558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFT CIANCARELLI, STEPHEN V 825 THIRD AVENUE NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSV WADE, WILLIAM N 101 BRADFORD ROAD SUITE 200 WEXFORD, PA 15090
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVNS EISELE, CURTIS R 8700 WEST BRYN MAWR SUITE 800S CHICAGO, IL 60631
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GEDDES, MARGARET 215 GATEWAY ROAD WEST NAPA, CA 94558

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Stephen V. Ciancarelli* **Stephen V. Ciancarelli**  
**CFO / SVP**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #