FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 PM 3:33

DOCUMENT # **F94000004986 (5)**

1. Corporation Name
CADENCE CAPITAL MANAGEMENT INC.

Principal Place of Business	Mailing Address
ONE STATION PLACE 7TH FLOOR STAMFORD CT 06902	ONE STATION PLACE 7TH FLOOR STAMFORD CT 06902

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/26/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2187 Atlantic St.,	26 2187 Atlantic St.,
Suite, Apt. #, etc. 22 7th floor	Suite, Apt. #, etc. 27 7th Floor
City & State 23 Stamford, CT	City & State 28 Stamford, CT
Zip / Country 24 06902 / 25	Zip / Country 29 06902 / 30

4. FEI Number: 04-3245246 ☐ 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	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	CEO & Director	X Change ☐ Addition
NAME	SMITH, IRWIN F	12 NAME	David B. Breed	
STREET ADDRESS	ONE STATION PLACE, 7TH FLOOR	13 STREET ADDRESS	840 Newport Center Dr.,	
CITY-ST-ZIP	STAMFORD CT 06902	14 CITY-ST-ZIP	Newport Beach, CA 92660	
TITLE	PD	21 TITLE	Director	XX Change ☐ Addition
NAME	PRINDIVILLE, ROBERT A	22 NAME	William B. Bannick	
STREET ADDRESS	ONE STATION PLACE, 7TH FLOOR	23 STREET ADDRESS	840 Newport Center Dr.,	
CITY-ST-ZIP	STAMFORD CT 06902	24 CITY-ST-ZIP	Newport Beach, CA 92660	
TITLE	S	31 TITLE	S	☐ Change X Addition
NAME	SCHOTT, NEWTON B JR	32 NAME	Schott, Newton B., Jr.	
STREET ADDRESS	ONE STATION PLACE, 7TH FLOOR	33 STREET ADDRESS	2187 Atlantic St., 7th Floor	
CITY-ST-ZIP	STAMFORD CT 06902	34 CITY-ST-ZIP	Stamford, Ct 06902	
TITLE	T	41 TITLE	T	X Change ☐ Addition
NAME	GIRVAN, BRIAN J	42 NAME	Girvan, Brian J.	
STREET ADDRESS	ONE STATION PLACE, 7TH FLOOR	43 STREET ADDRESS	2187 Atlantic St., 7th Floor	
CITY-ST-ZIP	STAMFORD CT 06902	44 CITY-ST-ZIP	Stamford, CT 06902	
TITLE	AS	51 TITLE	Asst. Sec & Asst. Treasurer	X Change ☐ Addition
NAME	NEWMAN, SAMUEL C	52 NAME	Michelle Mitchell	
STREET ADDRESS	ONE STATION PLACE, 7TH FLOOR	53 STREET ADDRESS	840 Newport Center Dr.,	
CITY-ST-ZIP	STAMFORD CT 06902	54 CITY-ST-ZIP	Newport Beach, CA 92660	
TITLE	AT	61 TITLE		X Change ☐ Addition
NAME	RYDER, THOMAS G	62 NAME		
STREET ADDRESS	ONE STATION PLACE, 7TH FLOOR	63 STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT 06902	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Newton B. Schott 4/13/95 (203) 352-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Newton B. Schott, Jr. (Secretary)

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