

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

DOCUMENT # **F94000006684**

1. Corporation Name

J. & W. SELIGMAN & CO., INCORPORATED

Principal Place of Business

100 PARK AVE
NEW YORK NY 10017
US

Mailing Address

100 PARK AVENUE
ATTN: JOYCE PERESS
NEW YORK NY 10017
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/29/1994

4. FEI Number

13-3043476

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

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 AS ☐ DELETE

NAME PERESS, JOYCE
STREET ADDRESS 100 PARK AVE.
CITY-ST-ZIP NEW YORK NY

TITLE D ☐ DELETE

NAME BROWN, FRED E
STREET ADDRESS 100 PARK AVE.
CITY-ST-ZIP NEW YORK NY 10017

TITLE D ☐ DELETE

NAME DEL PRIORE, MICHAEL J
STREET ADDRESS 100 PARK AVE.
CITY-ST-ZIP NEW YORK NY 10017

TITLE DMD ☐ DELETE

NAME HAZEN, WILLIAM H
STREET ADDRESS 100 PARK AVE.
CITY-ST-ZIP NEW YORK NY 10017

TITLE DMD ☐ DELETE

NAME MOLES, THOMAS G
STREET ADDRESS 100 PARK AVE.
CITY-ST-ZIP NEW YORK NY 10017

TITLE DND ☐ DELETE

NAME SCHROEDER, RONALD T
STREET ADDRESS 100 PARK AVE.
CITY-ST-ZIP NEW YORK NY 10017

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Jan 28, 1999 8:00am
Secretary of State

01-28-1999 90018 028 ****150.00



CR2E034 (11/98)