

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91345 011 ***150.00

DOCUMENT # F94000006684

1. Entity 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

100 Park Avenue

Suite, Apt. #, etc.

8th Floor

City & State

New York, NY

Zip

10017

Country

USA

3. Mailing Address

J. & W. Seligman, Jennifer Muzzey

Suite, Apt. #, etc.

100 Park Avenue, 8th Fl

City & State

New York, NY

Zip

10017

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

13-3043476

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

No Change

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|--|
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | NASTA, FRANK J | |
| STREET ADDRESS | 100 PARK AVE. | |
| CITY-ST-ZIP | NEW YORK NY 10017 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | BROWN, FRED E | |
| STREET ADDRESS | 100 PARK AVE. | |
| CITY-ST-ZIP | NEW YORK NY 10017 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | DEL PRIORE, MICHAEL J | |
| STREET ADDRESS | 100 PARK AVE. | |
| CITY-ST-ZIP | NEW YORK NY 10017 | |
| TITLE | DMD | <input checked="" type="checkbox"/> Delete |
| NAME | HAZEN, WILLIAM H | |
| STREET ADDRESS | 100 PARK AVE. | |
| CITY-ST-ZIP | NEW YORK NY 10017 | |
| TITLE | DMD | <input type="checkbox"/> Delete |
| NAME | MOLES, THOMAS G | |
| STREET ADDRESS | 100 PARK AVE. | |
| CITY-ST-ZIP | NEW YORK NY 10017 | |
| TITLE | DND | <input checked="" type="checkbox"/> Delete |
| NAME | SCHROEDER, RONALD T | |
| STREET ADDRESS | 100 PARK AVE. | |
| CITY-ST-ZIP | NEW YORK NY 10017 | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | William C. Morris | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Chairman of the Board and Director | |
| STREET ADDRESS | 100 Park Avenue | |
| CITY-ST-ZIP | New York, NY 10017 | |
| TITLE | President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Brian T. Zinodden | |
| STREET ADDRESS | 100 Park Avenue | |
| CITY-ST-ZIP | New York, NY 10017 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Director | |
| STREET ADDRESS | Paul C. Guidone | |
| CITY-ST-ZIP | 100 Park Avenue | |
| | New York, NY 10017 | |

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
Jennifer G. Muzzey, Asst. Corp. Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(212) 850-1375

Daytime Phone #

CR2E034 (9/01)