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Feb 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # F95000004999

1. Corporation Name

Fechtor, Detwiler & Co., Inc.

Principal Place of Business	Mailing Address
155 Federal Street 8th Floor Boston, MA 02110	155 Federal Street 8th floor Boston, MA 02110

3. Date Incorporated or Qualified: 10/13/1995

3a. Date of Last Report:

2. Principal Place of Business (21):

2a. Mailing Address (26):

Suite, Apt. #, etc. (22):

Suite, Apt. #, etc. (27):

City & State (23):

City & State (28):

Zip (24): Country (25): Zip (29): Country (30):

4. FEI Number: 04-2473303 ☐ 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

Ivan I. Rom
Fechtor, Detwiler & Co., Inc.
2255 Glades Road, Suite 234W
Boca Raton, FL 33431

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 and am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	Fechtor, Sheldon M.	12 NAME	
STREET ADDRESS	155 Federal Street	13 STREET ADDRESS	
CITY-ST-ZIP	Boston, MA 02110	14 CITY-ST-ZIP	
TITLE	SVD ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	Detwiler, Robert R.	22 NAME	
STREET ADDRESS	155 Federal Street	23 STREET ADDRESS	
CITY-ST-ZIP	Boston, MA 02110	24 CITY-ST-ZIP	
TITLE	TVD ☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	Fechtor, Richard L.	32 NAME	
STREET ADDRESS	155 Federal Street	33 STREET ADDRESS	
CITY-ST-ZIP	Boston, MA 02110	34 CITY-ST-ZIP	
TITLE	V ☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	Filer, Marjorie L.	42 NAME	
STREET ADDRESS	155 Federal Street	43 STREET ADDRESS	
CITY-ST-ZIP	Boston, MA 02110	44 CITY-ST-ZIP	
TITLE	V ☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	Hughes, Edward J.	52 NAME	
STREET ADDRESS	155 Federal Street	53 STREET ADDRESS	
CITY-ST-ZIP	Boston, MA 02110	54 CITY-ST-ZIP	
TITLE	CCLO ☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME	Frank, Stephen Z.	62 NAME	
STREET ADDRESS	155 Federal Street	63 STREET ADDRESS	
CITY-ST-ZIP	Boston, MA 02110	64 CITY-ST-ZIP	

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14. I do 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.

SIGNATURE: Raymond Gilet 2/18/97 800-98-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #