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FILED

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 # F96000004228 (0)

1. Corporation Name
HUNT ADVISORY SERVICES, INC.



Principal Place of Business
21 W. 38TH ST.
NEW YORK NY 10018

Mailing Address
21 W. 38TH ST.
NEW YORK NY 10018-5506

3. Date Incorporated or Qualified
08/19/1996

3a. Date of Last Report

2. Principal Place of Business
21 Suite 330 1050 WALL ST. WEST

2a. Mailing Address
26 Suite 330 1050 WALL ST. WEST

4. FEI Number
13-3496308

Applied For
Not Applicable

22 LYNDHURST, N.J. 07071

27 LYNDHURST, N.J. 07071

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

23 Zip Country

28 Zip Country

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PDC	☐ DELETE
NAME	METZGER, ALEX	
STREET ADDRESS	9 BURLINGTON LANE	
CITY-ST-ZIP	EAST BRUNSWICK NJ 08816	
TITLE	ST	☐ DELETE
NAME	METZGER, ROBERTA	
STREET ADDRESS	9 BURLINGTON LANE	
CITY-ST-ZIP	EAST BRUNSWICK NJ 08816	
TITLE	V	☐ DELETE
NAME	JACOBSON, DONALD	
STREET ADDRESS	250 GORGE RD.	
CITY-ST-ZIP	CLIFFSIDE PARK NJ 07010	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	133 WESTVIEW Rd.
3.3 STREET ADDRESS	UPPER MONTCLAIR, N.J. 07643
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-97 (201) 438-8200

Date Daytime Phone #

CR2E034 (9/96)