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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90007 017 ***150.00

DOCUMENT # F96000005742

1. Corporation Name

CHAPDELAINE CORPORATE BROKERS, INC.

Principal Place of Business

80 MAIDEN LANE
NEW YORK NY 10038

Mailing Address

80 MAIDEN LANE
NEW YORK NY 10038

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/05/1996

4. FEI Number

13-3448902

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

2. Principal Place of Business

21 One Seaport Plaza

Suite, Apt. #, etc.

22 17th Floor

City & State

23 New York NY

Zip Country

24 10038

25

2a. Mailing Address

26 One Seaport Plaza

Suite, Apt. #, etc.

27 17th Floor

City & State

28 New York NY

Zip Country

29 10038

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 CD ☐ DELETE
NAME CHAPDELAINE, RICHARD F
STREET ADDRESS 80 MAIDEN LANE
CITY-ST-ZIP NEW YORK NY

TITLE PD ☐ DELETE
NAME WALSH, MICHAEL E
STREET ADDRESS 80 MAIDEN LANE
CITY-ST-ZIP NEW YORK NY

TITLE S ☐ DELETE
NAME BAILEY, AGNES
STREET ADDRESS 80 MAIDEN LANE
CITY-ST-ZIP NEW YORK NY

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS One Seaport Plaza
1.4 CITY-ST-ZIP New York NY 10038

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS One Seaport Plaza
2.4 CITY-ST-ZIP New York, NY 10038

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS One Seaport Plaza
3.4 CITY-ST-ZIP New York NY 10038

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 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, with all other like empowered.

SIGNATURE:

Michael E. Walsh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/99

Date

212-208-9120

Daytime Phone #

CR2E034 (11/98)