

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # F97000000071 (7) 1. Corporation Name M.S. FARRELL & COMPANY, INC.		



Principal Place of Business 67 WALL ST. NEW YORK NY 10005	Mailing Address 67 WALL ST. NEW YORK NY 10005
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 01/06/1997	
25		30		4. FEI Number 13-3529438	
25		30		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

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 85 Zip Code	
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11. Pursuant to the provisions of Sections 607.0507 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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	GALLO, THOMAS A	1.2 NAME	
STREET ADDRESS	67 WALL ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10005	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	HEIN, WOLFGANG A	2.2 NAME	
STREET ADDRESS	67 WALL ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10005	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	☐ Change ☐ Addition
NAME	MCCARTHY, EDWARD G	3.2 NAME	
STREET ADDRESS	67 WALL ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10005	3.4 CITY-ST-ZIP	
TITLE	DC	4.1 TITLE	☐ Change ☐ Addition
NAME	SCHACKER, MARTIN F	4.2 NAME	
STREET ADDRESS	67 WALL ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10005	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 appointment with an address.

SIGNATURE _____ 4-30-98 212495-5100

CR2E034 (10/97)