

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90067 011 ***150.00

DOCUMENT # F97000003827

1. Corporation Name
SURETRADE INC.

Principal Place of Business
40 RECTOR ST., 11TH FLOOR
NEW YORK NY 10006

Mailing Address
40 RECTOR ST., 11TH FLOOR
NEW YORK NY 10006

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/22/1997

4. FEI Number

13-3950822

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

21 670 Washington Highway
Suite, Apt. #, etc.

22 City & State
23 Lincoln, Rhode Island

24 Zip Country
02865 USA

2a. Mailing Address

26 670 Washington Highway
Suite, Apt. #, etc.

27 City & State
28 Lincoln, Rhode Island

29 Zip Country
02865 USA

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 CEOD ☐ DELETE
NAME QUICK, THOMAS C
STREET ADDRESS 40 RECTOR ST., 11TH FLOOR
CITY-ST-ZIP NEW YORK NY 10006

TITLE P ☐ DELETE
NAME MONTANARO, DONATO
STREET ADDRESS 40 RECTOR ST., 11TH FLOOR
CITY-ST-ZIP NEW YORK NY 10006

TITLE VD ☐ DELETE
NAME QUICK, CHRISTOPHER C
STREET ADDRESS 40 RECTOR ST., 11TH FLOOR
CITY-ST-ZIP NEW YORK NY 10006

TITLE TD ☐ DELETE
NAME QUICK, PETER
STREET ADDRESS 40 RECTOR ST., 11TH FLOOR
CITY-ST-ZIP NEW YORK NY 10006

TITLE SD ☐ DELETE
NAME QUICK, LESLIE C III
STREET ADDRESS 40 RECTOR ST., 11TH FLOOR
CITY-ST-ZIP NEW YORK NY 10006

TITLE VD ☐ DELETE
NAME MERCURIO, PASCAL
STREET ADDRESS 40 RECTOR ST., 11TH FLOOR
CITY-ST-ZIP NEW YORK NY 10006

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 670 Washington Highway
1.4 CITY-ST-ZIP Lincoln, Rhode Island 02865

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 670 Washington Highway
2.4 CITY-ST-ZIP Lincoln, Rhode Island 02865

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 670 Washington Highway
3.4 CITY-ST-ZIP Lincoln, Rhode Island 02865

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS 670 Washington Highway
4.4 CITY-ST-ZIP Lincoln, Rhode Island 02865

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS 670 Washington Highway
5.4 CITY-ST-ZIP Lincoln, Rhode Island 02865

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS 670 Washington Highway
6.4 CITY-ST-ZIP Lincoln, Rhode Island 02865

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:

Thomas C. Quick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)