Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F98000003214

1. Corporation Name

SG COWEN SECURITIES CORPORATION

Principal Place of Business			Mailing Address				
1221 AVENUE OF THE AMERICAS 1221 AVENUE OF THE A			1 AVENUE OF THE AMER	CAS			
NEW YORK NY 10020		NE	NEW YORK NY 10020				DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualifed
							06/08/1998
2 Principal D	ace of Business	2a.	Mailing Address				4. FEI Number Applied For
Н	ace of Busiless	26	Walitig Madress				13-1976032 Not Applicable
Suite, Apt.	# etc	<u> 26 j</u> .	Suite, Apt. #, etc.				\$8.75 Additional
<u> </u>	π, στο.	27					5. Certificate of Status Desired Fee Required
<u> </u>			City & State				6. Election Campaign Financing S5.00 May Be
23 28						Trust Fund Contribution Added to Fees	
Zip				Coun	try		8. This corporation owes the current year Intangible
24	25	29	31	0			Personal Property Tax. ☐ Yes ☐ No
	9. Name and Address of Currer			<u>-1</u>			10. Name and Address of New Registered Agent
V. 110.110 and 110.110				8	81	Name	
C T CORPORATION SYSTEM					82	Ctroot A	Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD				ľ	92	SireerA	Address (F.O. Box Number is Not Acceptable)
PLANTATION FL 33324				1	83		,
					84	City	■ 85 Zip Code
						•	<u></u>
11. Pursuant	to the provisions of Sections 607.050	2 and 6	07.1508, Florida Statutes	, the abo	ove	-named c	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
agent.la	m familiar with, and accept the obliga	ations of,	Section 607.0505, Florid	a Statut	es.	ine corpor	
SIGNATURE							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re				•	gent	signature rec	equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AN	10 DIRE		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE			DELETE	1.1 TITU			TOSEPH
NAME	LAMPERT, KENNETH			1.2 NAM			TIMENCIAL SAUARE
STREET ADDRESS	44 BERRY AVENUE					ADDRESS	FINANCIA SQUARE M. M. 10005
CITY-ST-ZIP	STATEN ISLAND NY 10312		□ BELETE	1.4 CITY		-ZIP	Dre Grane Change Change
TITLE	PD		☐ DELETE	2.1 TITU			DIRECTOR SALL Change Haddition
NAME	WELLING, CURTIS			2.2 NAM			OUDET, JEAN-PAUL
STREET ADDRESS	239 MILLSTONE ROAD			2.3 STR	EET	ADDRESS	1221 Ave of the Americas NEW YOUR M/0020_
CITY-ST-ZIP	WILTON CT 06897			2. 4 CIT		T-ZIP	10 EW 404C N4/000-
TITLE	COOD		☐ DELETE	3.1 TITL	E	-	DIRECTOR TEAN-BOLLOW
NAME	WALSH, JAMES			3.2 NAW			BIRECTOR TEAM-BELVAND DAddition 1221 Are OF The AMERICAS
STREET ADDRESS	74 EAST 79TH STREET			3.3 STR	EET	ADDRESS	Idd The
CITY-ST-ZIP	NEW YORK NY 10021			3.4. CIT	Y-\$1		New York, MY 10020
TITLE	S		☐ DELETE	4.1 TITL	E.		DiR □ Change ☑ Addition
NAME	BOWDEN, WILLIAM			4. 2 NAM	ΜE		LEROUX, Robert The AMERICAS
STREET ADDRESS	39 EAST 79TH STREET			4.3 STR	EET	ADDRESS	12rd Ave of The property
CITY-ST-ZIP	NEW YORK NY 10021		_	4.4 CITY	/-ST		N4 N4 100 29
TITLE	D		☐ DELETE	5.1 NTL	E.	7	COO □ Change □ Addition
NAME	TOULOP, YVES			5.2 NAM	Æ		KELLY, JOHN
STREET ADDRESS	1221 AVENUE OF THE AMERI	CAS		5.3 STR	EET	ADDRESS .	1221 Ave of Americas
CITY-ST-ZIP	NEW YORK NY 10020			5.4 CITY	/-ST		
TITLE	D		☐ DELETE	6.1 TITL	ε	(CAONS, DAVI'D Change MAddition Spinancist Square
NAME	JOYET, ALAIN			6.2 NAM	Æ	-	SALVAICIAL SQUARE
STREET ADDRESS		CAS		6.3 STR	EET	ADDRESS ,	FINANCING STATE

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 suppliemental 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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

NEW YORK NY 10020

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90046 023 ***150.00