

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90214 006 \*\*\*150.00

**DOCUMENT # F99000004260**

1. Entity Name  
NFP SECURITIES, INC.



Principal Place of Business  
1250 CAPITAL OF TEXAS HWY S., #2-600  
AUSTIN, TX 78746

Mailing Address  
787 7TH AVE., 49TH FLOOR  
NEW YORK, NY 10019

94070730



2. Principal Place of Business

3. Mailing Address

04262004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
74-2794194

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
C/C CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CD ☐ Delete  
NAME BIBLIOWICZ, JESSICA M  
STREET ADDRESS 787 7TH AVE., 49TH FLOOR  
CITY-ST-ZIP NEW YORK, NY 10019

TITLE PD ☐ Delete  
NAME MONTGOMERY, JEFFREY  
STREET ADDRESS 1250 CAPITAL OF TEXAS HWY. S. -BLDG.II-600  
CITY-ST-ZIP AUSTIN, TX 78746

TITLE D ☐ Delete  
NAME CARTER, ROBERT  
STREET ADDRESS 1250 CAPITAL OF TEXAS HWY S., #2-600  
CITY-ST-ZIP AUSTIN, TX 78746

TITLE D ☐ Delete  
NAME CALLAHAN, BRUCE  
STREET ADDRESS 1250 CAPITAL OF TEXAS HWY S., #2-600  
CITY-ST-ZIP AUSTIN, TX 78746

TITLE SVP ☐ Delete  
NAME HAMMOND, DOUGLAS W  
STREET ADDRESS 787 7TH AVE., 49TH FLOOR  
CITY-ST-ZIP NEW YORK, NY 10019

TITLE V ☐ Delete  
NAME LIESER, LORI M  
STREET ADDRESS 500 W. MAIDSON - SUITE 3650  
CITY-ST-ZIP CHICAGO, IL 60661

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME 5  
STREET ADDRESS NOTWOOD, R. Brett  
CITY-ST-ZIP 1250 Capital of Texas Hwy S, #2-600  
AUSTIN, TX 78746

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-04

312-985-5700