# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 27 PM 4: 13

DOCUMENT # P00261 (8)

1. Corporation Name

NYLIFE SECURITIES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 51 MADISON AVE.<br>NEW YORK NY 10010 | 51 MADISON AVE.<br>NEW YORK NY 10010 |

DO NOT WRITE IN THIS SPACE

| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
|---|---|
| 12/13/1983 | 03/22/1994 |

4. FEI Number: 13-2649692 ☐ Applied For ☐ Not Applicable

| | |
|---|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

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

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

**9. Name and Address of Current Registered Agent**

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

**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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | GAMMILL, JR., LEE M.. | 1.2 NAME | |
| STREET ADDRESS | 200 E. 66 ST. APT. 2103 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW YORK NY | 1.4 CITY-ST-ZIP | |
| TITLE | VD | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | POLIS, ANTHONY W. | 2.2 NAME | |
| STREET ADDRESS | 2 LINCOLN AVE. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MASSAPEQUA PARK NY | 2.4 CITY-ST-ZIP | |
| TITLE | PD | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | TOPP, RICHARD A. | 3.2 NAME | |
| STREET ADDRESS | 29 JOSEPH STREET | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ENGLISHTOWN NJ | 3.4 CITY-ST-ZIP | |
| TITLE | VD | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | UBL, WALTER | 4.2 NAME | |
| STREET ADDRESS | 51 MADISON AVE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW YORK NY | 4.4 CITY-ST-ZIP | |
| TITLE | S | 5.1 TITLE | S ☒ Change ☐ Addition |
| NAME | CRAFT, CINDY | 5.2 NAME | Brenner, Nancy |
| STREET ADDRESS | 51 MADISON AVE. | 5.3 STREET ADDRESS | 51 Madison Avenue |
| CITY-ST-ZIP | NEW YORK NY | 5.4 CITY-ST-ZIP | ~~New York, NY~~ |
| TITLE | V | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | O'BYRNE, JOHN H. | 6.2 NAME | |
| STREET ADDRESS | 159 DEER RUN RD. | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | WILTON CT | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John H. O'Byrne 1/19/95 (212)576-6556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

00Y8104

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## NYLIFE SECURITIES INC. OFFICERS AND DIRECTORS
## AS OF JANUARY 1995

Names and Titles of all Corporate Officers:

| | |
|---|---|
| Richard A. Topp | President and Chief Executive Officer |
| Robert D. Rock | Senior Vice President |
| Thomas J. Warga | Senior Vice President and General Auditor |
| Jay S. Calhoun | Vice President and Treasurer |
| Anthony Polis | Vice President and Chief Financial Officer |
| Linda Livornese | Vice President |
| Frank Mistero | Vice President |
| Michael J. Nocera | Vice President |
| Walter W. Ubl | Vice President |
| John H. O'Byrne | Vice President - Chief Compliance Officer |
| Louis Adasse | Corporate Vice President |
| Robert Brady | Corporate Vice President |
| Robert P. Coslian | Corporate Vice President |
| Kevin M. Micucci | Corporate Vice President |
| Richard Zuccaro | Tax Vice President |
| George R. Daoust | Assistant Vice President |
| Thomas J. Murray | Assistant Vice President |
| Mark Gomez | Assistant Secretary |
| Sheila Kearney | Assistant Secretary |
| Nancy Brenner | Secretary |

Address for each of the above is:
51 Madison Avenue
New York, NY 10010

Names of all Corporate Directors

Richard A. Topp
Lee M. Gammill, Jr.
Richard M. Kernan, Jr.
Alice Kane
Walter W. Ubl
Anthony Polis
Robert D. Rock
Lester L. Schoenberg
Lyle R. Paul
Michael J. Nocera
Thomas J. Warga
Patrick G. Boyle

Address for each of the above is:
51 Madison Avenue
New York, NY 10010

OFDRBD