

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P05032 (8)**
1. Corporation Name
TOWER SQUARE SECURITIES, INC.



Principal Place of Business
**ONE TOWER SQUARE
C/O CORPORATE TAX 4PB
HARTFORD CT 06183-1190
US**

Mailing Address
**ONE TOWER SQUARE
C/O CORPORATE TAX 4PB
HARTFORD CT 06183-1190
US**

3. Date Incorporated or Qualified **02/18/1985** 3a. Date of Last Report **05/01/1995**

4. FEI Number **06-0843577** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21 **ONE TOWER SQUARE**
Suite, Apt. #, etc.
22 **C/O CORPORATE TAX 5-PB**
City & State
23 **HARTFORD, CT**
Zip Country
24 **06183-1190 USA**

2a. Mailing Address
26 **ONE TOWER SQUARE**
Suite, Apt. #, etc.
27 **C/O CORPORATE TAX 5-PB**
City & State
28 **HARTFORD, CT**
Zip Country
29 **06183-1190 USA**
30 **USA**

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. 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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	EVANS, ROBERT E	
STREET ADDRESS	192 LINCOLN DR GLASTONBURY CT	
CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> DELETE
NAME	MACDONALD, GREGORY C.	
STREET ADDRESS	594 PINWOOD DR. LONGMEADOW MA CBOD	
CITY-ST-ZIP		
TITLE	MCVAY, JOHN F	<input type="checkbox"/> DELETE
NAME	5 ELCY WAY SIMSBURY CT	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> DELETE
NAME	SCULLY, WILLIAM F.	
STREET ADDRESS	23 HATHEWAY WEST HARTFORD CT	
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE
NAME	WRIGHT, ERNEST	
STREET ADDRESS	51 DRUMLIN RD. SIMSBURY CT	
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE
NAME	RYAN, GEORGE A.	
STREET ADDRESS	148 WOOD POND RD FARMINGTON CT	
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	George C. Kokulis	
1.3 STREET ADDRESS	6 Snake Drive	
1.4 CITY-ST-ZIP	Simsbury, CT	
2.1 TITLE	DR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Donald R. Munro, Jr.	
2.3 STREET ADDRESS	80 Pleasant Way	
2.4 CITY-ST-ZIP	South Windsor, CT	
3.1 TITLE	CBOD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Russell N. Johnson	
3.3 STREET ADDRESS	5 Bedford Dr.	
3.4 CITY-ST-ZIP	Princeton, NJ	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Kathleen A. McGah	
5.3 STREET ADDRESS	15 Stillwood Chase	
5.4 CITY-ST-ZIP	Wheaton, CT	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *George A. Ryan* **George A. Ryan** 4/31/96 500-954-8138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (12/95)