

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

**FILED**  
**Mar 18 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 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 5-PB HARTFORD CT 06183-1190 US**

Mailing Address: **ONE TOWER SQUARE C/O CORPORATE TAX 5-PB HARTFORD CT 06183-0001 US**

3. Date Incorporated or Qualified: **02/18/1985**

3a. Date of Last Report: **04/09/1996**

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.  
**c/o Corp. Tax 5PB**

22. **Hartford, CT**  
 City & State  
**06183-1190** **USA**  
 Zip Country

23. **06183-1190** **USA**  
 Zip Country

2a. Mailing Address

26. **One Tower Square**  
 Suite, Apt. #, etc.  
**c/o Corporate Tax**

27. **Hartford, CT**  
 City & State  
**06183-1190** **USA**  
 Zip Country

28. **06183-1190** **USA**  
 Zip Country

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 reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE: <b>D</b>	<input type="checkbox"/> DELETE
NAME: <b>KOKULIS, GEORGE</b>	
STREET ADDRESS: <b>6 OXYOKE DRIVE</b>	
CITY-STATE-ZIP: <b>SIMSBURY CT</b>	
TITLE: <b>DP</b>	<input type="checkbox"/> DELETE
NAME: <b>MURSON, DONALD R JR</b>	
STREET ADDRESS: <b>80 PHEASANT WAY</b>	
CITY-STATE-ZIP: <b>SOUTH WINDSOR CT</b>	
TITLE: <b>CBOD</b>	<input type="checkbox"/> DELETE
NAME: <b>JOHNSON, RUSSELL H</b>	
STREET ADDRESS: <b>5 BERFORD DR</b>	
CITY-STATE-ZIP: <b>PRINCETON JCT NJ</b>	
TITLE: <b>T</b>	<input type="checkbox"/> DELETE
NAME: <b>SCULLY, WILLIAM F.</b>	
STREET ADDRESS: <b>23 HATHEWAY</b>	
CITY-STATE-ZIP: <b>WEST HARTFORD CT</b>	
TITLE: <b>S</b>	<input type="checkbox"/> DELETE
NAME: <b>MCGAH, KETTLLEN A</b>	
STREET ADDRESS: <b>15 STILLWOOD CHASE</b>	
CITY-STATE-ZIP: <b>WEATOGUE CT</b>	
TITLE: <b>V</b>	<input type="checkbox"/> DELETE
NAME: <b>RYAN, GEORGE A.</b>	
STREET ADDRESS: <b>148 WOOD POND RD</b>	
CITY-STATE-ZIP: <b>FARMINGTON CT</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME: <b>GEORGE C. KOKULIS</b>	
1.3 STREET ADDRESS: <b>6 OXYOKE DRIVE</b>	
1.4 CITY-STATE-ZIP: <b>SIMSBURY, CT 06070</b>	
2.1 TITLE: <b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME: <b>MUNSON, DONALD R JR</b>	
2.3 STREET ADDRESS: <b>60 PHEASANT WAY</b>	
2.4 CITY-STATE-ZIP: <b>SOUTH WINDSOR, CT 06074</b>	
3.1 TITLE: <b>CBOD D P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME: <b>JOHNSON, RUSSELL H</b>	
3.3 STREET ADDRESS: <b>5 BENFORD DR.</b>	
3.4 CITY-STATE-ZIP: <b>PRINCETON JCT., NJ</b>	
4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY-STATE-ZIP:	
5.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME: <b>MCGAH, KATHLEEN A</b>	
5.3 STREET ADDRESS: <b>15 STILLWOOD CHASE</b>	
5.4 CITY-STATE-ZIP: <b>WEATOGUE, CT 06089</b>	
6.1 TITLE: <b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME: <b>RUSSO, JOANNE K</b>	
6.3 STREET ADDRESS: <b>229 SCHOOL STREET</b>	
6.4 CITY-STATE-ZIP: <b>MANCHESTER, CT 06040</b>	

14. I do 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.

SIGNATURE: *William F. Scully* **WILLIAM F. SCULLY** 3/13/97 (FRO) 954-8138

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)