


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

FILED
Mar 11 1998 8:00am
Secretary of State

.PROFIT CORPORATION ANNUAL REPORT 1998		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 % CORP TAX 5PB ONE TOWER SQUARE HARTFORD CT 06183-1190 US	Mailing Address % CORPORATE TAX ONE TOWER SQUARE HARTFORD CT 06183-1190 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 02/18/1985
4. FEI Number 06-0843577
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

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
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	D	<input type="checkbox"/> DELETE
NAME	KOKULIS, GEORGE C	
STREET ADDRESS	6 OXYOKE DRIVE	
CITY-ST-ZIP	SIMSBURY CT	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MUNSON, DONALD R JR.	
STREET ADDRESS	60 PHEASANT WAY	
CITY-ST-ZIP	SOUTH WINDSOR CT	
TITLE	PDCB	<input type="checkbox"/> DELETE
NAME	JOHNSON, RUSSELL H	
STREET ADDRESS	5 BENFORD DR	
CITY-ST-ZIP	PRINCETON NJ	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SCULLY, WILLIAM F.	
STREET ADDRESS	23 HATHEWAY	
CITY-ST-ZIP	WEST HARTFORD CT	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MCGAH, KETLEEN A	
STREET ADDRESS	15 STILLWOOD CHASE	
CITY-ST-ZIP	WESTOGUE CT	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RUSSO, JOANNE K	
STREET ADDRESS	229 SCHOOL STREET	
CITY-ST-ZIP	MANCHESTER CT	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Secretary
5.3 STREET ADDRESS	William D. Wilcox
5.4 CITY-ST-ZIP	268 Ridgewood Road West Hartford, 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 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* **2/18/98** (860) 954-8138

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