

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

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FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90095 031 ***150.00

NOT-PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P05032

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 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

3. Date Incorporated or Qualified 02/18/1985	
4. FEI Number 06-0843577	Applied For Not Applicable
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 the current year Intangible Personal Property Tax.	<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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	WILCOX, WILLIAM D	
STREET ADDRESS	268 RIDGEWOOD RD	
CITY-ST-ZIP	W HARTFORD 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Asteriades, William A.
4.3 STREET ADDRESS	30 Bluff Point Road
4.4 CITY-ST-ZIP	South Glastonbury, CT
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: *William A. Asteriades* DATE: 3/26/99 DAYTIME PHONE #: 860-954-8138

CR2E034 (11/98)