

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90034 012 ***150.00

DOCUMENT # P05032

1. Entity Name
TOWER SQUARE SECURITIES, INC.

Principal Place of Business

Mailing Address

% CORP TAX SPB
 ONE TOWER SQUARE
 HARTFORD CT 06183-1190
 US

% CORPORATE TAX
 ONE TOWER SQUARE
 HARTFORD CT 06183-1190
 US

00027539



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **06-0843577**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. This corporation is eligible to satisfy its Intangible-Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	ASTERIADES, WILLIAM A	
STREET ADDRESS	30 BLUFF POINT ROAD	
CITY-ST-ZIP	SOUTH GLASTONBURY CT	
TITLE	S	<input checked="" 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	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Johnson, Russell H	
STREET ADDRESS	5 Benford Dr	
CITY-ST-ZIP	Princeton, NJ	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Macdonald Cynthia P.	
STREET ADDRESS	29 Kingswood Road	
CITY-ST-ZIP	West Hartford, CT	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Russo, Joanne K	
STREET ADDRESS	229 School Street	
CITY-ST-ZIP	Manchester, CT	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

860-954-8138

Daytime Phone #

CR2E034 (10/00)