


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90243 025 ***150.00

DOCUMENT # P05032		
1. Entity Name TOWER SQUARE SECURITIES, INC.		

40065826



Principal Place of Business CORP TAX 19CP P.O. BOX 990027 HARTFORD, CT 06199-0027 US	Mailing Address ONE METLIFE PLAZA 27-01 QUEENS PLAZA N LONG ISLAND CITY, NY 11101 US
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2. Principal Place of Business - No P.O. Box # One Cityplace	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04102007 Chg-P CR2E034 (12/06)

City & State Hartford, CT	City & State	4. FEI Number 06-0843577	Applied For Not Applicable
Zip 06103-3415	Country USA	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MARKHAM, CRAIG W 13045 TESSON FERRY RD SAINT LOUIS, MO 63128 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BRASH, STEVEN J ONE METLIFE PLAZA, 27-01 QUEENS PLAZA N LONG ISLAND CITY, NY 11101 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FARRELL, MICHAEL K 10 PARK AVE MORRISTOWN, NJ 07962 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WILLIAMSON, ANTHONY J ONE METLIFE PLAZA, 27-01 QUEENS PLAZA N LONG ISLAND CITY, NY 11101 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CARR, GWEN L ONE METLIFE PLAZA, 27-01 QUEENS PLAZA N LONG ISLAND CITY, NY 11101 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TOPPETA, WILLIAM J ONE METLIFE PLAZA, 27-01 QUEENS PLAZA N LONG ISLAND CITY, NY 11101 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Steven J. Brash, Vice President, 04/11/2007, 212-578-4852
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #