



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. | | | | | |
| 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 | | |
| 2. Principal Place of Business - No P.O. Box # One Cityplace | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Hartford, CT | | City & State | | 4. FEI Number 06-0843577 | |
| Applied For Not Applicable | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| Zip 06103-3415 | Country USA | Zip | Country | | |
| 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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MARKHAM, CRAIG W | | NAME | | |
| STREET ADDRESS | 13045 TESSON FERRY RD | | STREET ADDRESS | | |
| CITY-ST-ZIP | SAINT LOUIS, MO 63128 | | CITY-ST-ZIP | | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | BRASH, STEVEN J | | NAME | | |
| STREET ADDRESS | ONE METLIFE PLAZA, 27-01 QUEENS PLAZA N | | STREET ADDRESS | | |
| CITY-ST-ZIP | LONG ISLAND CITY, NY 11101 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | FARRELL, MICHAEL K | | NAME | | |
| STREET ADDRESS | 10 PARK AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | MORRISTOWN, NJ 07962 | | CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | WILLIAMSON, ANTHONY J | | NAME | | |
| STREET ADDRESS | ONE METLIFE PLAZA, 27-01 QUEENS PLAZA N, | | STREET ADDRESS | | |
| CITY-ST-ZIP | LONG ISLAND CITY, NY 11101 | | CITY-ST-ZIP | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | CARR, GWEN L | | NAME | | |
| STREET ADDRESS | ONE METLIFE PLAZA, 27-01 QUEENS PLAZA N | | STREET ADDRESS | | |
| CITY-ST-ZIP | LONG ISLAND CITY, NY 11101 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | TOPPETA, WILLIAM J | | NAME | | |
| STREET ADDRESS | ONE METLIFE PLAZA, 27-01 QUEENS PLAZA N | | STREET ADDRESS | | |
| CITY-ST-ZIP | LONG ISLAND CITY, NY 11101 | | CITY-ST-ZIP | | |
| 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 # | |

40065826



04102007 Chg-P CR2E034 (12/06)