


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90038 024 ***150.00

DOCUMENT # P05032

1. Entry Name
TOWER SQUARE SECURITIES, INC.



Principal Place of Business: **ONE CITY PLACE
HARTFORD, CT 06103-3415 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 #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

4. FCI Number: **06-0843577** Applied For: Not Applicable:

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



6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ State: **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. (NEED Registered Agent signature/registered when consistent) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE: PD NAME: MARKHAM, CRAIG W STREET ADDRESS: 13045 TESSON FERRY RD CITY-ST-ZIP: SAINT LOUIS, MO 63128	<input type="checkbox"/> Delete
TITLE: VP NAME: BRASH, STEVEN J STREET ADDRESS: ONE METLIFE PLAZA, 27-01 QUEENS PLAZA N CITY-ST-ZIP: LONG ISLAND CITY, NY 11101	<input type="checkbox"/> Delete
TITLE: D NAME: FARRELL, MICHAEL K STREET ADDRESS: 10 PARK AVE CITY-ST-ZIP: MORRISTOWN, NJ 07962	<input type="checkbox"/> Delete
TITLE: T NAME: WILLIAMSON, ANTHONY J STREET ADDRESS: ONE METLIFE PLAZA, 27-01 QUEENS PLAZA N. CITY-ST-ZIP: LONG ISLAND CITY, NY 11101	<input checked="" type="checkbox"/> Delete
TITLE: S NAME: CARR, GWEN L STREET ADDRESS: ONE METLIFE PLAZA, 27-01 QUEENS PLAZA N CITY-ST-ZIP: LONG ISLAND CITY, NY 11101	<input type="checkbox"/> Delete
TITLE: D NAME: TOPPETA, WILLIAM J STREET ADDRESS: ONE METLIFE PLAZA, 27-01 QUEENS PLAZA N CITY-ST-ZIP: 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: Treasurer NAME: Eric T. Steigerwalt STREET ADDRESS: One MetLife Plaza, 27-01 Queens Plaza N. CITY-ST-ZIP: Long Island City, NY 11101	<input type="checkbox"/> Change <input checked="" 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 Steven J. Brash, Vice President, 04/1/2008, 212-578-4852
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date