2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P05849 **DOCUMENT#**

1. Entity Name

WS GRIFFITH SECURITIES, INC.



FILED Jan 27, 2003 8:00 am Secretary of State

003 90213 039 ***150.00

 Ottil = /
Secre
01-27-20

Principal Plac ONE AMERIO	ice of Business Mailing Address CAN ROW ONE AMERICAN ROW					ļ					
P.O. BOX 50				: G							
HARTFORD (HARTFORD CT 06102-5056 HARTFORD CT 06102-5056			·		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 	AT HE HE BURGE COME BURGE COM	 			
-				. Mailing Address				er inelt eidlik tolt Gräte ofb	II BIBIF BIBEL C	ISTRA DADAI ISTA	
One American Row Suite Apt. #, etc.			90 John H. Beers								
Suite, Apt	. #, etc.		Suite, Apt. #			}	☐ CHECK	HERE IF MAKING	CHANGES		
City & State City &			City & State	ONE AMERICAN ROW			4. FEI Number 42 ACC7049 Applied For				
Hartford CT			Hartford CT			"	4. FEI Number 13-2667818 Applied For Not Applied For				
Zip		Country	Zip	C	ountry	5	Certificate of Status De	esired	8.75 Add		
00104	1-5056	USA	06-62-5		usa	Fee Required					
<u>.</u>	6. Name	and Address of Current R	egistered Ager	nt	Nama		Name and Address o	f New Registered Ag	gent		
• .	PORATION S	VOTEM	- ,	، بحد	Name	·- : = : = :	그램에 무슨 사람들이 아니다.	. We find the same and the same			
					Street A	ddress (P.O. E	Box Number is Not Acc	ceptable)			
17	PINE ISLAND						. ======				
PLANIAI	10N FL 3332	24									
					City			FL	Zip Cod	e	
8. The above	named entity	submits this statement for	the purpose of o	hanging its regis	tered office o	r registered ac	nept or both in the Sta		miliar with	and accept	
the obligat	tions of registe	red agent.	рагродо от с		nerea embe e	rogioloroa ag	jorn, or boar, in the old	iic orrionad, Tarria	irimai wiai,	and accept	
CICNATURE											
SIGNATURE	Signature, typed o	r printed name of registered agent an	d title if applicable.	(NOTE: Regis	stered Agent signal	ure required when re	einstating)	DATE			
F	II E NOWIII	FEE IS \$150.00					1	····		,	
		3 Fee will be \$550.00	ļ	•	•		9. Election Camp	· -		O May Be	
	• •	Florida Department of	State				Trust Fund Cor	ntribution. \square	Added	to Fees	
10.		OFFICERS AND D	IRECTORS		11.	. AD	DDITIONS/CHANGES	TO OFFICERS AND D	DIRECTORS	3 IN 11	
TITLE	Р			Delete	TITLE	PD			Change	Addition	
NAME		(ELLECHER			NAME	Joseph E	. Kelleher	•			
STREET ADDRESS	B .	DERS PLAZA 4TH FLOO)R		STREET ADDRESS	`					
CITY-ST-ZIP		TFORD CT 06108			CITY-ST-ZIP						
TITLE NAME	V 1 1	AME	Ц		TITLE				Change	☐ Addition	
STREET ADDRESS	MOIRA, LO	DERS PLAZA STE 400		I '	NAME Street address						
CITY-ST-ZIP		TFORD CT 06108			CITY-ST-ZIP						
TITLE	S			Delete 1	TITLE	VOISECVE	rtanı		Change	Addition	
NAME	BEERS, JO	HN			VAME					Addition	
STREET ADDRESS	1 AMERICA	IN ROW		. 5	STREET ADDRESS						
CITY-ST-ZIP	HARTFORD	OCT 06102		(CITY-ST-ZIP						
TITLE	VT '			Delete 1	TITLE	Senior VP/	Chief Financial	officert [Change	Addition	
NAME	MILLER, LA				NAME	ł	no Del Rio North				
STREET ADDRESS CITY-ST-ZIP	752 TUSCA SNA DIEGO				STREET ADDRESS CITY-ST-ZIP			1, Suite 400		-	
	OITA DIEGO	, or			•		90, CA 92188		7.4		
TITLE NAME					iitle Iame	MSSISION	nt Secretary. Godanowski	L	Change	Addition	
STREET ADDRESS					STREET ADDRESS	One Ameri	ican Pau)				
CITY-ST-ZIP					CITY-ST-ZIP		CT 06102-5051	b			
TITLE	-		П	Delete T	TITLE		Assistant Trea		Change	Addition	
NAME			J		IAME	Katherine		our C	01104190	P AGGREGIA	
STREET ADDRESS				. s	TREET ADDRESS	56 Prospi	ct Street				
CITY-ST-ZIP				C	CITY-ST-ZIP		CT Oblis			-	
		information supplied with th							_		

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:

01-16-03