FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 4:18

DOCUMENT # P06396 (6)

1. Corporation Name
METLIFE SECURITIES, INC.

Principal Place of Business	Mailing Address
ONE MADISON AVENUE AREA ~~29-NW~~ NEW YORK NY 10010	ONE MADISON AVENUE AREA ~~29-NW~~ NEW YORK NY 10010

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/11/1985
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business
21
Suite, Apt. #, etc. 22: Area -8 EFG
City & State 23
Zip 24 / Country 25

2a. Mailing Address
26
Suite, Apt. #, etc. 27: AREA-8EFG
City & State 28
Zip 29 / Country 30

4. FEI Number: 13-3175978 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	CLARK, GERALD	12 NAME	
STREET ADDRESS	2 HARWOOD DR	13 STREET ADDRESS	
CITY ST ZIP	MADISON NJ	14 CITY ST ZIP	
TITLE	COB	21 TITLE	☐ Change ☐ Addition
NAME	TROTTA, GEORGE B.	22 NAME	
STREET ADDRESS	541 E 20 STREET	23 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY	24 CITY ST ZIP	
TITLE	VC	31 TITLE	☐ Change ☐ Addition
NAME	REITER, ELLIOT	32 NAME	
STREET ADDRESS	9 BARD PLACE	33 STREET ADDRESS	
CITY ST ZIP	OLD BRIDGE NJ	34 CITY ST ZIP	
TITLE	VT	41 TITLE	☐ Change ☐ Addition
NAME	MORRISON, JOHN C., JR.	42 NAME	
STREET ADDRESS	28 FORNEST AVE	43 STREET ADDRESS	
CITY ST ZIP	OLD GREENWICH CT	44 CITY ST ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	BAKAL, LEONARD M.	52 NAME	
STREET ADDRESS	722 MULBERRY PLACE	53 STREET ADDRESS	
CITY ST ZIP	N. WOODMERE, NY.	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	CRIMMINS, ROBERT	62 NAME	
STREET ADDRESS	39 POLLY DR	63 STREET ADDRESS	
CITY ST ZIP	HUNTINGTON NY	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Steven J. Brash 4/5/95 212-578-6444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Asst. Treasurer

03P06396 FP