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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P06396** **(6)**

1. Corporation Name
METLIFE SECURITIES, INC.

Principal Place of Business	Mailing Address
ONE MADISON AVENUE AREA 8EFG NEW YORK NY 10010 US	ONE MADISON AVENUE AREA 8EFG NEW YORK NY 10010-3603 US

3. Date Incorporated or Qualified: **06/11/1985**
3a. Date of Last Report: **04/26/1996**

2. Principal Place of Business
21 | 22 Suite, Apt. #, etc. | 23 City & State | 24 Zip | 25 Country

2a. Mailing Address
26 | 27 Suite, Apt. #, etc. | 28 City & State | 29 Zip | 30 Country

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	PD	☒ DELETE	1.1 TITLE	P D	☐ Change ☒ Addition
NAME	ROSENTHAL, ALBERT		1.2 NAME	Stevenson Elaine S.	
STREET ADDRESS	122 GRACE ST.		1.3 STREET ADDRESS	14 Abingdon St.	
CITY-ST-ZIP	PLAINVIEW NY 11803		1.4 CITY-ST-ZIP	Morris Plains, NJ 07950	
TITLE	COB	☒ DELETE	2.1 TITLE	COB	☐ Change ☒ Addition
NAME	VERNI, RALPH F		2.2 NAME	Tartre, Richard Raymond	
STREET ADDRESS	123 BELCHER DR.		2.3 STREET ADDRESS	417 Oakshire Pl.	
CITY-ST-ZIP	SUDBURY MA 01776		2.4 CITY-ST-ZIP	Alamo, CA 94507	
TITLE	VC	☒ DELETE	3.1 TITLE	V	☐ Change ☒ Addition
NAME	JAMIESON, FREDERICK H		3.2 NAME	Jeffrey Alexander Wilk	
STREET ADDRESS	26 DORSETT RD.		3.3 STREET ADDRESS	114 Pidgeon Hill Road	
CITY-ST-ZIP	WABAN MA 02168		3.4 CITY-ST-ZIP	South Huntington NY 11746	
TITLE	T	☒ DELETE	4.1 TITLE	T	☐ Change ☒ Addition
NAME	MAUS, GERALD P		4.2 NAME	Typermass, Arthur Gail	
STREET ADDRESS	95 ELIOT ST.		4.3 STREET ADDRESS	44 Chestnut St.	
CITY-ST-ZIP	SOUTH NATICK MA 01760		4.4 CITY-ST-ZIP	Garden City, NY 11530	
TITLE	S	☒ DELETE	5.1 TITLE	S	☐ Change ☒ Addition
NAME	BAKAL, LEONARD M.		5.2 NAME	Saul, Myra Leslie	
STREET ADDRESS	722 MULBERRY PLACE		5.3 STREET ADDRESS	5 Lincoln Rd.	
CITY-ST-ZIP	N. WOODMERE, NY.		5.4 CITY-ST-ZIP	Scarsdale, NY 10583	
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	BENMOSCHE, ROBERT H		6.2 NAME	Hauser, Frederick P.	
STREET ADDRESS	4 WESLEY CHAPEL RD.		6.3 STREET ADDRESS	8 Schuyler Dr	
CITY-ST-ZIP	WESLEY HILLS NY 10901		6.4 CITY-ST-ZIP	Jerico, NY 11735	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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 REQUIRED Assistant Treasurer 3/25/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Steven J. Brash — Date — Daytime Phone #

0004812