

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90029 019 ***150.00

DOCUMENT # P06396
Entity Name
METLIFE SECURITIES, INC.

Principal Place of Business **Mailing Address**
MADISON AVE. **ONE MADISON AVE.**
8FG **AREA 8FG**
NEW YORK NY 10010 **NEW YORK NY 10010-3603**
US

Principal Place of Business **3. Mailing Address**
Suite, Apt. #, etc. **Suite, Apt. #, etc.**
City & State **City & State**

Zip **Country** **Zip** **Country**
4. FEI Number **13-3175978** **Applied For**
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BLDG
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **Zip Code**

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.

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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State **10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
PD	STEVENSON, ELAINE S	<input type="checkbox"/> Delete	TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ST-ZIP	14 ABINGDON STREET		NAME	BRASH, STEVEN J	
	MORRIS PLAINS NJ		STREET ADDRESS	ONE MADISON AVENUE	
			CITY-ST-ZIP	NEW YORK NY 10010	
COB	TARTRE, RICHARD R	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP	417 OAKSHIRE PLACE		NAME		
	ALAMO CA		STREET ADDRESS		
			CITY-ST-ZIP		
V	WILK, JEFFREY A	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP	114 PIDGEON HILL ROAD		NAME		
	S HUNTINGTON NY		STREET ADDRESS		
			CITY-ST-ZIP		
T	WHEELER, WILLIAM J.	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP	147 BRITE AVENUE		NAME		
	SCARSDALE NY 10583		STREET ADDRESS		
			CITY-ST-ZIP		
S	SAUL, MYRA L	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP	FIVE LINCOLN ROAD		NAME		
	SCARSDALE NY		STREET ADDRESS		
			CITY-ST-ZIP		
D	LINVERRY, G E	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP	ONE MADISON AVENUE		NAME		
	NEW YORK NY 10010		STREET ADDRESS		
			CITY-ST-ZIP		

I 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *Steven J. Brash* **Assistant Treasurer,** **04/25/2000,** **212-578-2625**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Call Time Period**