

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P06396

1. Entity Name

METLIFE SECURITIES, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90197 006 ***150.00

656946



DO NOT WRITE IN THIS SPACE

Principal Place of Business

ONE MADISON AVENUE
 AREA 8EFG
 NEW YORK NY 10010
 US

Mailing Address

ONE MADISON AVENUE
 AREA 8EFG
 NEW YORK NY 10010
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 13-3175978

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
 NAME STEVENSON, ELAINE S ☒ Delete
 STREET ADDRESS 14 ABINGDON ST
 CITY-ST-ZIP MORRIS PLAINS NJ

TITLE AT ☐ Change ☒ Addition
 NAME BRASH, STEVEN J
 STREET ADDRESS ONE MADISON AVENUE
 CITY-ST-ZIP NEW YORK, NY 10010

TITLE COB ☐ Delete
 NAME TARTRE, RICHARD R
 STREET ADDRESS 417 OAKSHIRE PL
 CITY-ST-ZIP ALAMO CA

TITLE PD ☐ Change ☒ Addition
 NAME CHRIST, GEORGE
 STREET ADDRESS SUITE 400, 485 E US HWY 1 SOUTH
 CITY-ST-ZIP ISELIN, NJ 08830

TITLE V ☐ Delete
 NAME WILK, JEFFREY A
 STREET ADDRESS 114 PIDGEON HILL RD
 CITY-ST-ZIP S HUNTINGTON NY

TITLE DSVP ☐ Change ☒ Addition
 NAME SHARER, DONN GEORGE
 STREET ADDRESS 485 B US HWY 1 SOUTH, FOURTH FLOOR
 CITY-ST-ZIP ISELIN, NJ 08830

TITLE T ☐ Delete
 NAME WHEELER, WILLIAM J
 STREET ADDRESS 147 BRITE AVE
 CITY-ST-ZIP SEARSDALE NY 10583

TITLE D ☐ Change ☒ Addition
 NAME ACSELROD, DAVID M
 STREET ADDRESS FOUR TANNERY DRIVE
 CITY-ST-ZIP MEDFIELD, MA 02052

TITLE S ☐ Delete
 NAME SAUL, MYRA L
 STREET ADDRESS 5 LINCOLN RD
 CITY-ST-ZIP SCARSDALE NY

TITLE D ☐ Change ☒ Addition
 NAME BRECKER, NICHOLAS L
 STREET ADDRESS ONE MADISON AVENUE
 CITY-ST-ZIP NEW YORK, NY 10010

TITLE D ☒ Delete
 NAME LINVERRY, G E
 STREET ADDRESS ONE MADISON AVE
 CITY-ST-ZIP NY NY 10010

TITLE D ☐ Change ☒ Addition
 NAME WIRTSHAFTER, THOMAS
 STREET ADDRESS 260 MADISON AVENUE, 11TH FLOOR
 CITY-ST-ZIP NEW YORK, NY 10016

13. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven J. Brash
 Assistant Treasurer,

04/26 /01,

Date

212-578-4832

Daytime Phone #

CR2E034 (10/00)