

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90075 029 ***150.00

DOCUMENT # P06396

1. Entity Name
METLIFE SECURITIES, INC.

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

Zip

Country

Zip

Country

4. FEI Number

13-3175978

Applied For

Not Applicable

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

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, 2002 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 ☐ Delete
NAME **PD**
STREET ADDRESS **CHRIST, GEORGE**
CITY-ST-ZIP **STE 400, 485 E US HWY 1 SOUTH
ISELIN NJ 08830**

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition
NAME **CFO**
STREET ADDRESS **HIPWORTH, PAUL D.**
CITY-ST-ZIP **485 E US HWY 1 SOUTH, FOURTH FLOOR
ISELIN, NJ 08830**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **AT**
STREET ADDRESS **BRASH, STEVEN J**
CITY-ST-ZIP **ONE MADISON AVE
NY NY 10010**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Steven J. Brash Assistant Treasurer, 02/20/02, 212-578-4832

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)