
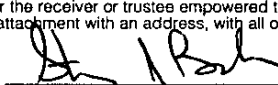


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90087 017 \*\*\*150.00

<b>DOCUMENT # P06396</b> 1. Entity Name <b>METLIFE SECURITIES, INC.</b>					
Principal Place of Business <b>ONE METLIFE PLAZA 27-01 QUEENS PLAZA N LONG ISLAND CITY, NY 11101 US</b>			Mailing Address <b>ONE METLIFE PLAZA 27-01 QUEENS PLAZA N LONG ISLAND CITY, NY 11101 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>13-3175978</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
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 <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MARKHAM, CRAIG W</b> <b>700 MARKET STREET</b> <b>SAINT LOUIS, MO 63101</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P and Director</b> <b>Craig W. Markham</b> <b>13045 Tesson Ferry Road</b> <b>St. Louis, MO 63128</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO</b> <b>HIPWORTH, PAUL D</b> <b>485 E US HWY 1 SOUTH, FOURTH FLOR</b> <b>ISELIN, NJ 08830</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Assistant Vice President</b> <b>Gregory M. Harrison</b> <b>One MetLife Plaza, 27-01 Queens Plaza N.</b> <b>Long Island City, NY 11101</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>WILK, JEFFREY A</b> <b>485 E US HWY S</b> <b>ISELIN, NJ 08830</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>Jeffrey A. Wilk</b> <b>485-E US Highway 1 S.</b> <b>Iselin, NJ 08830</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>WILLIAMSON, ANTHONY J</b> <b>ONE METLIFE PLAZA, 27-01 QUEENS PLAZA N</b> <b>LONG ISLAND CITY, NY 11101</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SAUL, MYRA L</b> <b>ONE MADISON AVE</b> <b>NEW YORK, NY 10010</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Gwenn L. Carr</b> <b>One MetLife Plaza, 27-01 Queens Plaza N.</b> <b>Long Island City, NY 11101</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT</b> <b>BRASH, STEVEN J</b> <b>ONE METLIFE PLZ, 27-01 QUEENS PLAZA N</b> <b>LONG ISLAND CITY, NY 11101</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> 			<b>Steven J. Brash, A T, 04/15/05, 212-578-4832</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		