## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07898

CUNNINGHAM, MARTIN

14 RODEO CIRCLE

SYOSSET, NY 11791

Name:

Address:

City-St-Zip:

FILED May 29, 2008 Secretary of State

Entity Nan	ne: HUDS0	ON SECURITIES, IN	NC.					
Current Principal Place of Business:				New Princ	New Principal Place of Business:			
15TH FLO	I SQUARE I OR ITY, NJ 073							
Current Mailing Address:				New Maili	New Mailing Address:			
15TH FLO	I SQUARE OR ITY, NJ 073							
FEI Number:	22-2481009	FEI Number App	lied For()	FEI Number Not Appli	cable ( )	Certificate of Status Des	sired ( )	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
KNOX, KEITH 3225 SUNSET KEY CIRCLE PUNTA GORDA, FL 33955 US				5550 GLAD 304	KNOX, KEITH 5550 GLADES ROAD 304 BOCA RATON, FL 33431 US			
The above in the State		y submits this state	ment for the pu	irpose of changing it	s registered	office or registered ager	nt, or both,	
SIGNATURE:						05/29/2008		
	Electr	onic Signature of R	egistered Ager	nt		Date		
		193(2)(b), F.S., the coi	•	receive the prior notice	∍.			
OFFICERS	AND DIRE	CTORS:		ADDITION	S/CHANGE	S TO OFFICERS AND I	DIRECTORS:	
Title: Name: Address: City-St-Zip:	P KNOX, KEITI 27 CITY PLA WHITE PLAI			Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	EVPT LEVENTHAL 90 RODEO I SYOSSET, N	DRIVE		Title: Name: Address: City-St-Zip:	(	) Change ()Addition		
Title: Name: Address: City-St-Zip:	MGRP WINKLER, S 245 E. 63RD NEW YORK,	ST		Title: Name: Address: City-St-Zip:	CEO ( CUNNINGHAN 14 RODEO C SYOSSET, N	IRCLE		
Title:	CEO	(X) Delete		Title:	(	) Change ()Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above or an an enterphase with an eddress with all other like empowered. above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: KEITH KNOX Ρ 05/29/2008