

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 27 PM 4: 13

DOCUMENT # P08996 (1)

1. Corporation Name
ESSEX CAPITAL MARKETS INC.

Principal Place of Business Mailing Address

% ESSEX CAPITAL MARKETS, INC.
100 CORPORATE WOODS
ROCHESTER NY 14623

% ESSEX CAPITAL MARKETS, INC.
100 CORPORATE WOODS
ROCHESTER NY 14623

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 24 Country 28 Zip 29 Country 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/06/1986** 3a. Date of Last Report **05/01/1994**

4. FEI Number **16-1159098** Applied For Not Applicable

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**ROMAN, PAUL E.
5355 TOWN CENTER RD
SUITE 302
BOCA RATON FL 33486**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOONEY, JOHN E.	1.2 NAME	
STREET ADDRESS	68 WOODBURY PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROCHESTER NY	1.4 CITY-ST-ZIP	
TITLE	VTD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EICHELBERGER, JERALD P.	2.2 NAME	
STREET ADDRESS	22 AUTUM WOOD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROCHESTER NY	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITAKER, DAVID J.	3.2 NAME	
STREET ADDRESS	288 ALPINE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROCHESTER NY	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TACKABERRY, EDWARD L.	4.2 NAME	DELETE
STREET ADDRESS	30 SADDLEBROOK	4.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSFORD NY	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MESSINA, SAM A.	5.2 NAME	EXECUTIVE VICE PRESIDENT
STREET ADDRESS	41 WOODSTONE LN.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ROCHESTER NY	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] **V.P.** 1/13/95 (716) 272-2300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #