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FILED

Feb 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P10451

(3)

1. Corporation Name  
RYAN, BECK & CO., INC.



Principal Place of Business  
80 MAIN STREET  
WEST ORANGE NJ 07062

Mailing Address  
80 MAIN STREET  
WEST ORANGE NJ 07062-5414

3. Date Incorporated or Qualified  
06/16/1986

3a. Date of Last Report  
06/19/1986

2. Principal Place of Business

2a. Mailing Address

21 WEST ORANGE NJ  
Suite, Apt. #, etc.

26 80 Main ST  
Suite, Apt. #, etc.

4. FEI Number  
22-1773796

Applied For  
Not Applicable

22 City & State

27 City & State

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

23 Zip

Country

28 West Orange NJ

Zip

Country

24 07062

25 USA

29 07062

30 USA

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CPE	<input type="checkbox"/> DELETE
NAME	GARVEY, FENWICK	
STREET ADDRESS	80 MAIN STREET	
CITY-STATE-ZIP	WEST ORANGE NJ	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	ROSENTHAL, JACK R.	
STREET ADDRESS	80 MAIN STREET	
CITY-STATE-ZIP	WEST ORANGE NJ	
TITLE	EVP	<input checked="" type="checkbox"/> DELETE
NAME	CHODASH, BRUCE M.	
STREET ADDRESS	80 MAIN STREET	
CITY-STATE-ZIP	WEST ORANGE NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HORN, MICHAEL M.	
STREET ADDRESS	80 MAIN STREET	
CITY-STATE-ZIP	WEST ORANGE NJ	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	NAULA, MATTHEW R.	
STREET ADDRESS	80 MAIN STREET	
CITY-STATE-ZIP	WEST ORANGE NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RODINO, PETER W. JR.	
STREET ADDRESS	80 MAIN STREET	
CITY-STATE-ZIP	WEST ORANGE NJ	

1.1 TITLE	Chairman of Board	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-STATE-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

14. I do 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 included 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)