

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 21, 1999 8:00 am
Secretary of State

07-21-1999 90013 006 ***558.75

DOCUMENT # **P10826**

1. Corporation Name

ICON SECURITIES CORP.

593000 - 90013 - 5



Principal Place of Business

600 MAMARONECK AVE.
HARRISON NY 10528-1632
US

Mailing Address

600 MAMARONECK AVE.
HARRISON NY 10528-1632
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1986

4. FEI Number

13-3130550

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

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 31 Milk St.

27 Suite, Apt. #, etc.

28 City & State

Boston, MA 02109

29 Zip

02109

30 Country

USA

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCEO ☐ DELETE
NAME HIRSCH, ALAN
STREET ADDRESS FOUR EMBARCADERO CENTER., STE 590
CITY-ST-ZIP SAN FRANCISCO CA

TITLE EVSD ☐ DELETE
NAME MARTIN, THOMAS W
STREET ADDRESS 31 MILK STREET., STE 1111
CITY-ST-ZIP BOSTON MA

TITLE CFOT ☒ DELETE
NAME SILVERHARDT, GARY N
STREET ADDRESS 600 MAMARONECK AVENUE
CITY-ST-ZIP HARRISON NY

TITLE AS ☒ DELETE
NAME PARR, DAVID W
STREET ADDRESS 31 MILK STREET., STE 1111
CITY-ST-ZIP BOSTON MA

TITLE CD ☒ DELETE
NAME ROBERTS, NEIL A
STREET ADDRESS 31 MILK STREET., STE 1111
CITY-ST-ZIP BOSTON MA

TITLE D ☐ DELETE
NAME CLARKE, BEAUFORT J
STREET ADDRESS 600 MAMARONECK AVENUE
CITY-ST-ZIP HARRISON NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Director, Chairman and CEO ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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 REQUIRED Thomas W. Martin

7-15-99

617/ 210-0208

CR2E034 (5/99)