

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P11069 (2)

1. Corporation Name

SELIGMAN FINANCIAL SERVICES, INC.



Principal Place of Business

Mailing Address

100 PARK AVE.
NEW YORK NY 10017

100 PARK AVE.
NEW YORK NY 10017

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified
08/11/1986

3a. Date of Last Report
05/01/1995

4. FEI Number
13-3043478

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

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 the corporation (if applicable)

(NOTE: Registered Agent's signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME CD
STREET ADDRESS MORRIS, WILLIAM
CITY - ST - ZIP 100 PARK AVE.
NEW YORK NY 10017

TITLE ☐ DELETE
NAME D
STREET ADDRESS BROWN, FRED E
CITY - ST - ZIP 100 PARK AVE.
NEW YORK NY 10017

TITLE ☐ DELETE
NAME D
STREET ADDRESS HAZEN, WILLIAM H
CITY - ST - ZIP 100 PARK AVE.
NEW YORK NY 10017

TITLE ☐ DELETE
NAME D
STREET ADDRESS MOLES, THOMAS G
CITY - ST - ZIP 100 PARK AVE.
NEW YORK NY 10017

TITLE ☐ DELETE
NAME D
STREET ADDRESS MOLES, RONALD T
CITY - ST - ZIP 100 PARK AVE.
NEW YORK NY 10017

TITLE ☐ DELETE
NAME D
STREET ADDRESS STEIN, DAVID F
CITY - ST - ZIP 100 PARK AVE.
NEW YORK NY 10017

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Assistant Secretary ☐ Change ☒ Addition
12 NAME Joyce Peress
13 STREET ADDRESS 100 Park Avenue, 7th Fl.
14 CITY - ST - ZIP New York, NY 10017 ☐ Change ☐ Addition

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP ☐ Change ☐ Addition

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP ☐ Change ☐ Addition

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP ☐ Change ☐ Addition

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP ☐ Change ☐ Addition

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/21/96 (212) 850-1802

CR2E034 (3/96)