

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 17 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 # P11069

(2)

1. Corporation Name
SELIGMAN FINANCIAL SERVICES, INC.



Principal Place of Business
100 PARK AVE.
NEW YORK NY 10017

Mailing Address
100 PARK AVE.
NEW YORK NY 10017-5518

3. Date Incorporated or Qualified **08/11/1986** **3a. Date of Last Report** **06/28/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **13-3043478** **Applied For**
Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

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

22. City & State

27. City & State

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

23. Zip

Country

28. Zip

Country

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

24. Zip

Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH 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	CD	1.1 TITLE	D
NAME	MORRIS, WILLIAM	1.2 NAME	RONALD T. SCHROEDER
STREET ADDRESS	100 PARK AVE.	1.3 STREET ADDRESS	100 PARK AVENUE
CITY- ST- ZIP	NEW YORK NY 10017	1.4 CITY- ST- ZIP	NEW YORK, NY 10017
TITLE	D	2.1 TITLE	D
NAME	BROWN, FRED E	2.2 NAME	Brian T. Zino
STREET ADDRESS	100 PARK AVE.	2.3 STREET ADDRESS	100 PARK AVENUE
CITY- ST- ZIP	NEW YORK NY 10017	2.4 CITY- ST- ZIP	NEW YORK NY 10017
TITLE	D	3.1 TITLE	P
NAME	HAZEN, WILLIAM H	3.2 NAME	STEPHEN J. HODGDON
STREET ADDRESS	100 PARK AVE.	3.3 STREET ADDRESS	100 PARK AVENUE
CITY- ST- ZIP	NEW YORK NY 10017	3.4 CITY- ST- ZIP	NEW YORK NY 10017
TITLE	D	4.1 TITLE	S
NAME	MOLES, THOMAS G	4.2 NAME	FRANK J. NASTA
STREET ADDRESS	100 PARK AVE.	4.3 STREET ADDRESS	100 PARK AVENUE
CITY- ST- ZIP	NEW YORK NY 10017	4.4 CITY- ST- ZIP	NEW YORK NY 10017
TITLE	D	5.1 TITLE	T
NAME	MOLES, RONALD T	5.2 NAME	AURELIA P. LACSAMANA
STREET ADDRESS	100 PARK AVE.	5.3 STREET ADDRESS	100 PARK AVENUE
CITY- ST- ZIP	NEW YORK NY 10017	5.4 CITY- ST- ZIP	NEW YORK NY
TITLE	D	6.1 TITLE	AS
NAME	STEIN, DAVID F	6.2 NAME	JOYCE PERESS
STREET ADDRESS	100 PARK AVE.	6.3 STREET ADDRESS	100 PARK AVENUE
CITY- ST- ZIP	NEW YORK NY 10017	6.4 CITY- ST- ZIP	NEW YORK NY 10017

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 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/97 **(212) 850-1802**

CR2E034 (9/96)