

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jul 29 1998 8:00am
Secretary of State

DOCUMENT #

P11069

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/11/1986

4. FEI Number

13-3043478

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

100 PARK AVENUE

27

Suite, Apt. #, etc.

28

ATTN: JOYCE PERESS

29

City & State

30

NEW YORK NY

31

Zip

10017

32

Country

9. Name and Address of Current Registered Agent

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

81. Name

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

83

84. City

FL

85. Zip Code

10. Name and Address of New Registered Agent

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 | AS | DELETE |
| NAME | PERESS, JOYCE | |
| STREET ADDRESS | 100 PARK AVE. | |
| CITY-STATE-ZIP | NEW YORK NY | |
| TITLE | D | DELETE |
| NAME | BRIAN T. ZINO | |
| STREET ADDRESS | 100 PARK AVENUE | |
| CITY-STATE-ZIP | NEW YORK NY 10017 | |
| TITLE | D P | DELETE |
| NAME | HODGDON, STEPHEN J. | |
| STREET ADDRESS | 100 PARK AVE. | |
| CITY-STATE-ZIP | NEW YORK NY 10017 | |
| TITLE | D | DELETE |
| NAME | STEIN, DAVID F | |
| STREET ADDRESS | 100 PARK AVE. | |
| CITY-STATE-ZIP | NEW YORK NY 10017 | |
| TITLE | T. | DELETE |
| NAME | JACSAMANA, AURELIA P. | |
| STREET ADDRESS | 100 PARK AVE. | |
| CITY-STATE-ZIP | NEW YORK NY 10017 | |
| TITLE | D | DELETE |
| NAME | MOLES, THOMAS G. | |
| STREET ADDRESS | 100 PARK AVE. | |
| CITY-STATE-ZIP | NEW YORK NY 10017 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|--------|----------|
| 1.1 TITLE | Change | Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-STATE-ZIP | | |
| 2.1 TITLE | Change | Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-STATE-ZIP | | |
| 3.1 TITLE | Change | Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-STATE-ZIP | | |
| 4.1 TITLE | Change | Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-STATE-ZIP | | |
| 5.1 TITLE | Change | Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-STATE-ZIP | | |
| 6.1 TITLE | Change | Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-STATE-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.

CR2E034 (5/98)

PE
7-24

SELIGMAN FINANCIAL SERVICES, INC.

100 Park Avenue • New York, New York 10017

Copy 2

212-850-1864
800-221-7844
212-922-5733 fax

July 8, 1998

Division of Corporations
Annual Reports Filings
409 East Gaines Street
Tallahassee, FL 32399

RE: SELIGMAN FINANCIAL SERVICES, INC.

Dear Sir or Madam:

On behalf of the above-referenced Corporation, please find our Corporation Annual Report. Also enclosed is a check in the amount of \$150.00, **please note that we never received the initial notice nor the second notice on this filing and feel we should not be penalized a late fee.**

Thank you for your consideration in this matter. If you have any questions, or should require further information, please contact the undersigned at (800) 221-7844 ext. 1802.

Sincerely,

Joyce Peress
Joyce Peress
Assistant Secretary

Enclosure