

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P19196 (5)

1. Corporation Name

HHL FINANCIAL SERVICES, INC.



Principal Place of Business

1000 WOODBURY ROAD  
WOODBURY NY 11797  
US

Mailing Address

1000 WOODBURY ROAD  
WOODBURY NY 11791  
US

3. Date Incorporated or Qualified  
05/10/1988

3a. Date of Last Report  
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

11-2915581

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

23

City & State

28

City & State

6. Election Campaign Financing

☐ \$5.00 May Be  
Added to Fees

24

Zip

Country

29

Zip

Country

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

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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 ☐ DELETE

NAME  
D TASHUK, THEODORE  
STREET ADDRESS  
7 TEAKWOOD LANE  
CITY- ST- ZIP  
ROSLYN NY

TITLE ☐ DELETE

NAME  
T JOCKEL, LAWRENCE T  
STREET ADDRESS  
417 PINE ACRES BLVD  
CITY- ST- ZIP  
BRIGHTWATERS NY

TITLE ☐ DELETE

NAME  
DC KERZ, PAUL J  
STREET ADDRESS  
126 E 65 ST  
CITY- ST- ZIP  
NEW YORK NY

TITLE ☐ DELETE

NAME  
VS NUSSBAUM, JOEL N.  
STREET ADDRESS  
30 HARBOR LANE  
CITY- ST- ZIP  
ROSLYN HARBOR NY

TITLE ☐ DELETE

NAME  
D SHERWOOD, NED L.  
STREET ADDRESS  
54 MORRIS LANE  
CITY- ST- ZIP  
SCARSDALE NY

TITLE ☐ DELETE

NAME  
VP DROSSMAN, KEN R.  
STREET ADDRESS  
52 ROOSEVELT BLVD  
CITY- ST- ZIP  
N CALDWELL NJ

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2. 1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3. 1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4. 1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5. 1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6. 1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 recipient 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: Lawrence T. Jockel Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

Date

516-677-8214

Daytime Phone #

CR2E034 (12/95)