SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 5/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)

PROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JUN 23 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000001524540
-06/27/95--01080--003
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **P20317** **(4)**

1. Corporation Name
DONALD & COMPANY SECURITIES, INC.

Principal Place of Business	Mailing Address
700 SHREWSBURY AVE TINTON FALLS NJ 07724 US	700 SHREWSBURY AVE TINTON FALLS NJ 07724 US

3. Date Incorporated or Qualified: **08/02/1968**
3a. Date of Last Report: **05/17/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **13-2864636** ☐ 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

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

9. Name and Address of Current Registered Agent

VAN CLEVE, KEVIN
15950 BAY VISTA DR #340
CLEARWATER FL 34620

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ST	1.1 TITLE		☐ Change ☐ Addition
NAME	PONTECORVO, ANTHONY	1.2 NAME		
STREET ADDRESS	7 VANMETER TERRACE	1.3 STREET ADDRESS		
CITY-ST-ZIP	HAZLET NJ	1.4 CITY-ST-ZIP		
TITLE	CP	2.1 TITLE		☐ Change ☐ Addition
NAME	BLUM, STEPHEN	2.2 NAME		
STREET ADDRESS	220 E. 65TH STREET	2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP		
TITLE	V	3.1 TITLE	delete	☒ Change ☐ Addition
NAME	WRIGHT, WATER	3.2 NAME	Wright, Walter	
STREET ADDRESS	414 LYNDALE AVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	STATEN ISLAND NY	3.4 CITY-ST-ZIP		
TITLE	CFO	4.1 TITLE		☐ Change ☐ Addition
NAME	STICE, HAROLD E	4.2 NAME		
STREET ADDRESS	113 MAPLE GROVE BLVD	4.3 STREET ADDRESS		
CITY-ST-ZIP	MT HOLLY NJ	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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: _____ 6/10/95 1800-592-1842
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0176430 FN