

# 2001 UNIFORM BUSINESS REPORT (UBR)

0105483 AT

DOCUMENT # **P20874**

1. Entity Name  
**CHASE SECURITIES INC.**

FILED

01 OCT -5 PM 4:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**270 PARK AVE  
COMPLIANCE DEPT. 41ST FL  
NEW YORK NY 10017  
US**

Mailing Address  
**270 PARK AVE  
COMPLIANCE DEPT. 41ST FL  
NEW YORK NY 10017  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Corp. Sec'y Off., 35th F

Corp. Sec'y Off., 35th F

City & State

City & State

4. FEI Number

**13-3379014**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$550.00  
After September 12, 2001 Fee will be \$750.00  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PBOD** ☐ Delete  
NAME **BRANDOW, PAUL W**  
STREET ADDRESS **270 PARK AVENUE**  
CITY-ST-ZIP **NEW YORK NY 10017**

TITLE **Vice Chairman** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **ASMD** ☐ Delete  
NAME **OLIVA, JOHN**  
STREET ADDRESS **270 PARK AVENUE**  
CITY-ST-ZIP **NEW YORK NY**

TITLE ☐ Change ☐ Addition  
NAME **300004661663-4**  
STREET ADDRESS **-10/31/01--01092--006**  
CITY-ST-ZIP **\*\*\*\*550.00--\*\*\*\*550.00**

TITLE **CFOD** ☐ Delete  
NAME **HUTTER, JAMES D**  
STREET ADDRESS **270 PARK AVENUE**  
CITY-ST-ZIP **NEW YORK NY 10017**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **SANTANGELO, WILLIAM J**  
STREET ADDRESS **270 PARK AVENUE**  
CITY-ST-ZIP **NEW YORK NY 10017**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SMD** ☐ Delete  
NAME **MCGINNIS, JAMES F**  
STREET ADDRESS **270 PARK AVE.**  
CITY-ST-ZIP **NEW YORK NY 10017**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **BOD** ☒ Delete  
NAME **MCGINNIS, JAMES F**  
STREET ADDRESS **270 PARK AVE.**  
CITY-ST-ZIP **NEW YORK NY 10017**

TITLE **Chairman & President** ☐ Change ☒ Addition  
NAME **Mark Werner**  
STREET ADDRESS **270 Park Avenue**  
CITY-ST-ZIP **New York, NY 10017**

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

Anthony J. Horan 9/10/01 (212) 270-7122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)



282

The Chase Manhattan Bank  
270 Park Avenue, 35th Floor  
New York, NY 10017  
Tel 212-270-3902  
Fax 212-270-2966

Robert C. Carroll  
Vice President  
Office of the Secretary

September 25, 2001

Divisions of Corporation  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

RE: Chase Securities Inc.

Dear Sirs:

We have been unable to process the enclosed check in a timely manner because of the unpredictable effect of recent circumstances in New York City. The office from which the check originates was closed for two weeks.

Accordingly we are asking that you waive the \$200 late fees. Enclosed, please find the check for \$550 with the completed 2001 Uniform Business Report. We greatly appreciate your consideration.

Yours truly,

A handwritten signature in cursive script, reading "Robert C. Carroll".

Robert C Carroll