

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P22111

1. Entity Name
ESSEX FINANCIAL SERVICES, INC.



Principal Place of Business
825 THIRD AVENUE
37TH FLOOR
NEW YORK, NY 10022 US

Mailing Address
825 THIRD AVENUE
37TH FLOOR
NEW YORK, NY 10022 US



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3283420

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

11/20/06-80025-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	CRAVE, KEVIN E
STREET ADDRESS	825 THIRD AVE
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	CEOP
NAME	NICOLAS, FREDERICK S III
STREET ADDRESS	825 THIRD AVENUE
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	SVP
NAME	ZYTKOWICZ, GREGORY G
STREET ADDRESS	825 THIRD AVE., 37TH FL.
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	CFOV
NAME	CIANCARELLI, STEPHEN V
STREET ADDRESS	825 THIRD AVE.
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	EVP
NAME	WADE, WILLIAM N
STREET ADDRESS	101 BRADFORD RD., STE. 200
CITY-ST-ZIP	WEXFORD, PA 15090
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Stephen V. Ciancarelli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen V. Ciancarelli
CFO / SVP

Date

Daytime Phone #