FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P27574** **(3)**

1. Corporation Name

MONY SECURITIES CORP.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
1 MONY PLAZA SYRACRUSE NY 13221 US	1740 BROADWAY NEW YORK NY 10019

3. Date Incorporated or Qualified: 01/04/1990
3a. Date of Last Report: 06/21/1994

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

4. FEI Number: 13-2645488 ☐ 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

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

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	PD	1.1 TITLE	President & Director	☒ Change ☐ Addition
NAME	SHERMAN, LAWRENCE F.	1.2 NAME	Sherman, Lawrence F	
STREET ADDRESS	~~1740 BROADWAY~~	1.3 STREET ADDRESS	20 Snowdrop Drive	
CITY-ST-ZIP	~~NEW YORK NY~~	1.4 CITY-ST-ZIP	New City, NY 10956	
TITLE	V	2.1 TITLE		☐ Change ☐ Addition
NAME	HILL, EDWARD E.	2.2 NAME		
STREET ADDRESS	1740 BROADWAY	2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	CARROLL, GERALD J. J	3.2 NAME		
STREET ADDRESS	1 MONY PLAZA	3.3 STREET ADDRESS		
CITY-ST-ZIP	SYRACRUSE NY	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	TAYLOR, TAMARA L.	4.2 NAME		
STREET ADDRESS	1 MONY PLAZA	4.3 STREET ADDRESS		
CITY-ST-ZIP	SYRACUSE NY	4.4 CITY-ST-ZIP		
TITLE	AT	5.1 TITLE		☐ Change ☐ Addition
NAME	COHEN, LARRY	5.2 NAME		
STREET ADDRESS	63 E. 9TH ST.	5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	Director	☒ Change ☐ Addition
NAME	~~SHERMAN, LAWRENCE F.~~	6.2 NAME	Baker, Keith S.	
STREET ADDRESS	~~85 W. BURDA PLACE~~	6.3 STREET ADDRESS	1740 Broadway	
CITY-ST-ZIP	~~SPRING VALLEY PA~~	6.4 CITY-ST-ZIP	New York, NY 10019	

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: _____ LARRY COHEN ASST. TREASURER 4/21/95 (212)708-2328
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0900007 FP