

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT #

1. Corporation Name

27574
MONEY SECURITIES CORP.

Principal Place of Business

Mailing Address

1 MONY PLAZA
SYRACUSE, NY 13221

1740 BROADWAY
NEW YORK, NY 10019

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

01/04/90

3a. Date of Last Report

4/95

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

10. Name and Address of New Registered Agent

OT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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 PRESIDENT & DIRECTOR ☐ DELETE
NAME SHERMAN, LAWRENCE F.
STREET ADDRESS 20 SNOW DROP DRIVE
CITY-ST-ZIP NEW CITY NY 10956

TITLE VICE-PRESIDENT ☐ DELETE
NAME HILL, EDWARD E.
STREET ADDRESS 1740 BROADWAY
CITY-ST-ZIP NEW YORK NY 10019

TITLE SECRETARY ☐ DELETE
NAME CARROLL, GERALD J.
STREET ADDRESS 1 MONY PLAZA
CITY-ST-ZIP SYRACUSE NY 13221

TITLE TREASURER ☐ DELETE
NAME BRANSON, TAMARA L.
STREET ADDRESS 1 MONY PLAZA
CITY-ST-ZIP SYRACUSE NY 13221

TITLE ASSISTANT TREASURER ☐ DELETE
NAME COHEN, LARRY
STREET ADDRESS 63 E. 9TH STREET
CITY-ST-ZIP NEW YORK NY 10003

TITLE DIRECTOR ☐ DELETE
NAME BAKER, KEITH J.
STREET ADDRESS 1740 BROADWAY
CITY-ST-ZIP NEW YORK NY 10019

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 ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. KEITH BAKER 5/11/94 (212) 708-2328

Date

Daytime Phone #

CR2E034 (12/95)