

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P27574

1. Entity Name

MONY SECURITIES CORPORATION

Principal Place of Business

Mailing Address

1 MONY PLAZA
SYRACUSE NY 13221
US

1740 BROADWAY
NEW YORK NY 10019-4315

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-2645488

Applied For

Not Applicable

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

CT CORPORATION SYSTEM
1200 S. 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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 PD ☐ Delete
NAME SHERMAN, LAWRENCE F.
STREET ADDRESS 1740 BROADWAY
CITY-ST-ZIP NEW YORK NY 10019

TITLE PD ☒ Change ☐ Addition
NAME PHILLIP D'AMBRISI
STREET ADDRESS 1740 BROADWAY
CITY-ST-ZIP NEW YORK NY 10019

TITLE V ☐ Delete
NAME HILL, EDWARD E.
STREET ADDRESS 1740 BROADWAY
CITY-ST-ZIP NEW YORK NY

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

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

TITLE S ☒ Change ☐ Addition
NAME CATHERINE MC CLELLAN
STREET ADDRESS 744 SHERWOOD RD
CITY-ST-ZIP ATLANTA GA 30324

TITLE T ☐ Delete
NAME BRONSON, TAMARA L
STREET ADDRESS 1 MONY PLAZA
CITY-ST-ZIP SYRACUSE NY 13221

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

TITLE AT ☐ Delete
NAME COHEN, LARRY
STREET ADDRESS 1740 BROADWAY
CITY-ST-ZIP NEW YORK NY 10019

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

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

TITLE D ☒ Change ☐ Addition
NAME CHARLES P. LEONE
STREET ADDRESS 1740 BROADWAY
CITY-ST-ZIP NEW YORK NY 10019

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 an email like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PHILLIP D'AMBRISI

4/20/00

Date

(212) 708 2326

Daytime Phone #

CR2E034 (9/99)