

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 13, 1999 8:00 am**  
**Secretary of State**

05-13-1999 90027 013 \*\*\*150.00

**DOCUMENT #**

1. Corporation Name

Commonwealth Equity Services, Inc.

98995 - 90027 - 13

Principal Place of Business

Mailing Address

One University Office Park  
29 Sawyer Road  
Waltham, MA 02453

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

1/9/90

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

04-2675571

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

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

Zip

Country

Zip

Country

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T Corporation System  
1200 South 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                                       |
|----------------|---------------------------------------|
| TITLE          | C/T/D <input type="checkbox"/> DELETE |
| NAME           | Joseph S. Deitch                      |
| STREET ADDRESS | One University Office Park            |
| CITY-ST-ZIP    | Waltham, MA 02453                     |
| TITLE          | P <input type="checkbox"/> DELETE     |
| NAME           | Peter T. Wheeler                      |
| STREET ADDRESS | One University Office Park            |
| CITY-ST-ZIP    | Waltham, MA 02453                     |
| TITLE          | D <input type="checkbox"/> DELETE     |
| NAME           | Robbie Lacritz-Deitch                 |
| STREET ADDRESS | One University Office Park            |
| CITY-ST-ZIP    | Waltham, MA 02453                     |
| TITLE          | D <input type="checkbox"/> DELETE     |
| NAME           | Eric Brenman                          |
| STREET ADDRESS | One University Office Park            |
| CITY-ST-ZIP    | Waltham, MA 02453                     |
| TITLE          | <input type="checkbox"/> DELETE       |
| NAME           |                                       |
| STREET ADDRESS |                                       |
| CITY-ST-ZIP    |                                       |
| TITLE          | <input type="checkbox"/> DELETE       |
| NAME           |                                       |
| STREET ADDRESS |                                       |
| CITY-ST-ZIP    |                                       |

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    |   |

14. 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 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, with all other like empowered.

**SIGNATURE:**

Peter T. Wheeler

4/20/98

(781)736-0700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)