

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P27668

1. Entity Name
COMMONWEALTH EQUITY SERVICES, INC.



Principal Place of Business
ONE UNIVERSITY OFFICE PARK
26 SAWYER ROAD
WALTHAM, MA 02453

Mailing Address
ONE UNIVERSITY OFFICE PARK
26 SAWYER ROAD
WALTHAM, MA 02453

FILED
04 NOV -1 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 04



10182004 REIN-P CR2E098 (6/04) **TR**

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
04-2675571

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name **NRAI Services, Inc.**

Street Address (P.O. Box Number is Not Acceptable)
526 E. Park Avenue

City Tallahassee

FL

Zip Code 32301

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

Jessica Lappin, Assistant Secretary

(NOTE: Registered Agent signature required when reinstating)

10/21/04

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE CTD ☐ Delete
NAME DEITCH, JOSEPH S
STREET ADDRESS ONE UNIVERSITY OFFICE PARK, 29 SAWYER RD.
CITY-ST-ZIP WALTHAM, MA 02453

TITLE P ☐ Delete
NAME WHEELER, PETER T
STREET ADDRESS ONE UNIVERSITY OFFICE PARK, 29 SAWYER RD.
CITY-ST-ZIP WALTHAM, MA 02453

TITLE D ☐ Delete
NAME DEITCH, ROBBIE LACRITZ
STREET ADDRESS ONE UNIVERSITY OFFICE PARK, 29 SAWYER RD.
CITY-ST-ZIP WALTHAM, MA 02453

TITLE D ☐ Delete
NAME BRENNAN, ERIC
STREET ADDRESS ONE UNIVERSITY OFFICE PARK, 29 SAWYER RD.
CITY-ST-ZIP WALTHAM, MA 02453

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/04

Date

Daytime Phone #