

4-10-97 B 4322 C  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 10 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P28151 (9)

1. Corporation Name  
NEW ENGLAND SECURITIES CORPORATION



Principal Place of Business 399 BOYLSTON ST BOSTON MA 02117	Mailing Address 399 BOYLSTON ST BOSTON MA 02116-3305
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3. Date Incorporated or Qualified 02/13/1990	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 04-2436412	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24. Country	29. Country		

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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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 in plain text of registered agent and file if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D SCHNEIDER, ROBERT E	1.1 TITLE	Steve J. Brash, Asst. Treasurer
NAME	52 WESTMINSTER RD	1.2 NAME	ONE MADISON AVE
STREET ADDRESS	NEWTON CENTER MA	1.3 STREET ADDRESS	NY, NY 10010
CITY- ST- ZIP		1.4 CITY- ST- ZIP	
TITLE	SVP MARGESON, ALBERT R JR	2.1 TITLE	Asst. Treasurer
NAME	31 FULLER AVE	2.2 NAME	Ronald Mace
STREET ADDRESS	SWAMPSCOTT MA	2.3 STREET ADDRESS	ONE MADISON AVE
CITY- ST- ZIP		2.4 CITY- ST- ZIP	NY, NY 10010
TITLE	PD MCCONNELL, THOMAS W.	3.1 TITLE	Leo Brown, Asst. Treasurer
NAME	10 SEXTON BROOK DRIVE	3.2 NAME	ONE MADISON AVE
STREET ADDRESS	SIMSBURY CT	3.3 STREET ADDRESS	NY, NY 10010
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	SV GOGGIN, ANNE	4.1 TITLE	Bonady J. DeWitt, Asst. Secretary
NAME	78 LONGFELLOW ROAD	4.2 NAME	205 Mt. Auburn St.
STREET ADDRESS	WELLESLEY MA	4.3 STREET ADDRESS	Cambridge MA 02138
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	VT LEHAIE, PETER G	5.1 TITLE	Mark F. Greco, V.P.
NAME	37 RIVERRIDGE	5.2 NAME	4 Kerry Lane
STREET ADDRESS	WESLEY MA	5.3 STREET ADDRESS	Hopkington MA 01748
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	V, Treasurer TOLAND, MICHAEL E	6.1 TITLE	Laura A. Huther, V.P.
NAME	7 SEVILLA ROAD	6.2 NAME	8 Albemarle Court Apt B.
STREET ADDRESS	ANDOVER MA	6.3 STREET ADDRESS	Boston MA 02115
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone