

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

FILED  
 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

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

3. Date Incorporated or Qualified: 02/13/1990  
 3a. Date of Last Report: 05/01/1996

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	04-2436412	Not Applicable
23. City & State	27. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
24. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25. Country	29. Country	8. This corporation has liability for intangible tax under s. 189.032, Florida Statutes	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT 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
	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: \_\_\_\_\_ (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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 52 WESTMINSTER RD	NEWTON CENTER MA	1.2 NAME: one madison ave	
CITY-ST-ZIP:		1.3 STREET ADDRESS: NY, NY 10010	
TITLE: SVP	MARGESON, ALBERT R JR	2.1 TITLE: Asst. Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 31 FULLER AVE	SWAMPSCOTT MA	2.2 NAME: Ronald Mace	
CITY-ST-ZIP:		2.3 STREET ADDRESS: one madison ave	
TITLE: PD	MCCONNELL, THOMAS W.	2.4 CITY-ST-ZIP: NY, NY 10010	
STREET ADDRESS: 10 SEXTON BROOK DRIVE	SIMSBURY CT	3.1 TITLE: Leo Brown, Asst. Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP:		3.2 NAME: one madison ave	
TITLE: SV	GOGGIN, ANNE	3.3 STREET ADDRESS: NY, NY 10010	
STREET ADDRESS: 78 LONGFELLOW ROAD	WELLESLEY MA	3.4 CITY-ST-ZIP:	
CITY-ST-ZIP:		4.1 TITLE: Beverly J. Dewitt, Asst. Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VT	LEHAIE, PETER G	4.2 NAME: 205 Mt. Auburn St. UN. 02138	
STREET ADDRESS: 37 RIVERRIDGE	WESLEY MA	4.3 STREET ADDRESS: Cambridge MA 02138	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE: V, Treasurer	TOLAND, MICHAEL E	5.1 TITLE: Mark F. Greco, V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 7 SEVILLA ROAD	ANDOVER MA	5.2 NAME: 4 Kerry Lane,	
CITY-ST-ZIP:		5.3 STREET ADDRESS: Hopkington MA 01748	
		5.4 CITY-ST-ZIP:	
		6.1 TITLE: Laura A. Huther, V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		6.2 NAME: 8 Albemarle Court Apt B,	
		6.3 STREET ADDRESS: Boston MA 02115	
		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: \_\_\_\_\_ Date: 3/21/97 6175786631  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)