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Feb 21 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 # **P29143** (5)

1. Corporation Name
J. W. O'CONNOR & CO. INCORPORATED

Principal Place of Business
**399 PARK AVENUE
25TH FLOOR
NEW YORK NY 10022**

Mailing Address
**399 PARK AVENUE
25TH FLOOR
NEW YORK NY 10022-4617**

3. Date Incorporated or Qualified **05/01/1990** 3a. Date of Last Report **02/27/1996**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number
13-3165788

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	O'CONNOR, JEREMIAH W., J	
STREET ADDRESS	293 PONDFIELD ROAD	
CITY-ST-ZIP	BRONXVILLE NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BRUMBERG, LEONARD I.	
STREET ADDRESS	208 WOODBINE AVE.	
CITY-ST-ZIP	MERRICK NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RUFRANO, GLENN J.	
STREET ADDRESS	3112 SHORE ROAD	
CITY-ST-ZIP	BELLMORE NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GIFFORD, BENJAMIN G.	
STREET ADDRESS	37 CASCADE ROAD	
CITY-ST-ZIP	STAMFORD CT	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PHELAN, JOHN E.	
STREET ADDRESS	15 COBBLEFIELD LANE	
CITY-ST-ZIP	WHITE PLAINS NY	
TITLE	AVP	<input type="checkbox"/> DELETE
NAME	DIENT, GARY J	
STREET ADDRESS	80 MOUNT BETHEL AVENUE	
CITY-ST-ZIP	WARREN NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/97

Date

Daytime Phone: 888-334

CR2E034 (9/96)