


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

FILED  
Feb 03 1998 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P29143 (5)

1. Corporation Name

J. W. O'CONNOR & CO. INCORPORATED

Principal Place of Business

Mailing Address

399 PARK AVENUE  
25TH FLOOR  
NEW YORK NY 10022

399 PARK AVENUE  
25TH FLOOR  
NEW YORK NY 10022

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1990

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

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 date if applicable

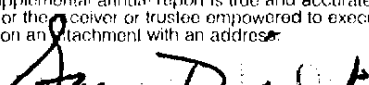
(NOTE: Registered Agent's signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--------------------------|---|--|
| TITLE                      | PD                       | 1.1 TITLE   | C/D  |
| NAME                       | O'CONNOR, JEREMIAH W., J | 1.2 NAME  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             | 293 PONDFIELD ROAD       | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | BRONXVILLE NY            | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | V                        | 2.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | BRUMBERG, LEONARD I.     | 2.2 NAME  |  |
| STREET ADDRESS             | 208 WOODBINE AVE.        | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | MERRICK NY               | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | V                        | 3.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | RUFANO, GLENN J.         | 3.2 NAME  |  |
| STREET ADDRESS             | 3112 SHORE ROAD          | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | BELLMORE NY              | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | V                        | 4.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GIFFORD, BENJAMIN G.     | 4.2 NAME  |  |
| STREET ADDRESS             | 37 CASCADE ROAD          | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | STAMFORD CT              | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | V                        | 5.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PHELAN, JOHN E.          | 5.2 NAME  |  |
| STREET ADDRESS             | 15 COBBLEFIELD LANE      | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | WHITE PLAINS NY          | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | AVP                      | 6.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | DIENT, GARY J            | 6.2 NAME  |  |
| STREET ADDRESS             | 80 MOUNT BETHEL AVENUE   | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | WARREN NJ                | 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 collector 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



1/22/98

CR2E034 (10/97)