

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P29143

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



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

06 SEP -1 PM 12:53

Principal Place of Business  
535 MADISON AVENUE  
23RD FLOOR  
NEW YORK, NY 10022

Mailing Address  
535 MADISON AVENUE  
23RD FLOOR  
NEW YORK, NY 10022



08292006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
13-3165788

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CPCE  
O'CONNOR JR, JEREMIAH W  
535 MADISON AVE.  
NEW YORK, NY 10022

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EVP  
PHELAN, JOHN E  
535 MADISON AVENUE  
NEW YORK, NY 10022

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EVP  
QUINN, THOMAS E  
535 MADISON AVENUE  
NEW YORK, NY 10022

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPAT  
DIENST, GARY  
535 MADISON AVENUE  
NEW YORK, NY 10022

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

300079713253  
09/12/06--01018--003 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 an other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SEP -1 2006