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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 PM 1:56

DOCUMENT # P32864 (1)

1. Corporation Name
HAMPSHIRE SECURITIES CORPORATION

Principal Place of Business	Mailing Address
919 THIRD AVENUE NEW YORK NY 10022	919 THIRD AVENUE NEW YORK NY 10022

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/19/1991
3a. Date of Last Report: 04/25/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 13-3389228 ☐ 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 607.1509, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~VC~~	1.1 TITLE	Chairman, Director ☐ Change ☒ Addition
NAME	~~BAYER, MITCHELL J.~~ DELETE	1.2 NAME	FRASCHILLA, CEASER
STREET ADDRESS	~~451 WEST END AVENUE~~	1.3 STREET ADDRESS	15 Woodvale Loop
CITY-ST-ZIP	~~NEW YORK NY~~	1.4 CITY-ST-ZIP	Staten Island, NY 10309
TITLE	P	2.1 TITLE	President & CEO ☒ Change ☐ Addition
NAME	STARR, JOHN H.	2.2 NAME	
STREET ADDRESS	494 REDDING ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFIELD CT	2.4 CITY-ST-ZIP	
TITLE	~~CC~~	3.1 TITLE	Director ☐ Change ☒ Addition
NAME	~~AARON, WILLIAM E.~~ DELETE	3.2 NAME	ABBE, LEO T.
STREET ADDRESS	~~444 EAST 74TH STREET~~	3.3 STREET ADDRESS	45 East Hartsdale Avenue
CITY-ST-ZIP	~~NEW YORK NY~~	3.4 CITY-ST-ZIP	Hartsdale, NY 10530
TITLE	~~TD~~	4.1 TITLE	Director ☐ Change ☒ Addition
NAME	~~STEIN, MICHAEL R.~~ DELETE	4.2 NAME	ABBE, RICHARD K.
STREET ADDRESS	~~702 EAST END AVENUE~~	4.3 STREET ADDRESS	15 West 84th Street
CITY-ST-ZIP	~~NEW YORK NY~~	4.4 CITY-ST-ZIP	New York, NY 10024
TITLE		5.1 TITLE	Director ☐ Change ☒ Addition
NAME		5.2 NAME	BERMAN, JEFFREY M.
STREET ADDRESS		5.3 STREET ADDRESS	28 Donellan Road
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Scarsdale, NY 10583
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 above, or on an attachment with an address.

SIGNATURE: John H. Starr 1/11/95 (212) 922-3330
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0300270 FP