

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P32864** (1)

1. Corporation Name

HAMPSHIRE SECURITIES CORPORATION



Principal Place of Business

Mailing Address

~~919 THIRD AVENUE
NEW YORK NY 10022~~

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NEW YORK NY 10022~~

2. Principal Place of Business

21 640 Fifth Avenue

Suite, Apt. #, etc.

22 City & State

23 New York

Zip

24 10019

Country

25 USA

2a. Mailing Address

26 640 Fifth Avenue

Suite, Apt. #, etc.

27 City & State

28 New York

Zip

29 10019

Country

30 USA

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

02/19/1991

3a. Date of Last Report

01/31/1995

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

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 (Type or print name, title, and date of filing)

(Name of Registered Agent, signature required when new filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

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NAME

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CITY, ST, ZIP

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NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

CD
FRASCHILLA, CASER
15 WOODVALE LOOP
STATEN ISLAND NY

☐ DELETE

PCEO
STARR, JOHN H.
494 REDDING ROAD
FAIRFIELD CT

☐ DELETE

D
ABBE, LEO T
45 EAST HARTSDALE AVENUE
HARTSDALE NY

☐ DELETE

D
ABBE, RICHARD K
15 WEST 84TH STREET
NEW YORK NY

☐ DELETE

D
BERMAN, JEFFREY M
28 DONELLAN, ROAD
SCARSDALE NY

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change

☐ Add on

☐ Change

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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 registered 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, as required, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/96

212-641-3801

DATE

DAYTIME PHONE

CR2E034 (12/95)