

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P32889 (8)  
1. Corporation Name  
NATWEST SECURITIES CORPORATION

Principal Place of Business  
175 WATER STREET  
10TH FLOOR  
NEW YORK NY 10038

Mailing Address  
175 WATER STREET  
10TH FLOOR  
NEW YORK NY 10038

FILED  
98 JAN 15 PM 2:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/20/1991	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		13-3312778	
24 Country		29 Country		Applied For	
				Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
THE PRENTICE HALL CORPORATION SYSTEM INC 1201 HAYS STREET TALLAHASSEE FL 32301				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent					
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83 000002401810--3	
				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	P	1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	REYNOLDS, RALPH	1.2 NAME	THOMAS WHELAN				
STREET ADDRESS	175 WATER STREET	1.3 STREET ADDRESS	175 WATER STREET				
CITY-ST-ZIP	NEW YORK NY 10038	1.4 CITY-ST-ZIP	NEW YORK, NY 10038	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE	D	2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	TATZ, REUBEN	2.2 NAME	SCOTT DOBBIE				
STREET ADDRESS	175 WATER STREET	2.3 STREET ADDRESS	175 WATER STREET				
CITY-ST-ZIP	NEW YORK NY 10038	2.4 CITY-ST-ZIP	NEW YORK, NY 10038	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE	D	3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	KIERNAN, MICHAEL	3.2 NAME	JACK EDWARDS				
STREET ADDRESS	175 WATER STREET	3.3 STREET ADDRESS	175 WATER STREET				
CITY-ST-ZIP	NEW YORK NY 10038	3.4 CITY-ST-ZIP	NEW YORK, NY 10038	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE	D	4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	MARZLIANO, MICHAEL T	4.2 NAME	DR. JOSEPH LAFFERTY				
STREET ADDRESS	175 WATER STREET	4.3 STREET ADDRESS	175 WATER STREET				
CITY-ST-ZIP	NEW YORK NY 10038	4.4 CITY-ST-ZIP	NEW YORK, NY 10038	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE	S	5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	LETZLER, JEFFREY	5.2 NAME	RICHARD DANGERFIELD				
STREET ADDRESS	175 WATER STREET	5.3 STREET ADDRESS	175 WATER STREET				
CITY-ST-ZIP	NEW YORK NY 10038	5.4 CITY-ST-ZIP	NEW YORK, NY 10038	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE		6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME		6.2 NAME	PETER NIELSEN				
STREET ADDRESS		6.3 STREET ADDRESS	175 WATER STREET				
CITY-ST-ZIP		6.4 CITY-ST-ZIP	NEW YORK, NY 10038				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.0504, 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. 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

*Michael T. Marzliano*

*1/15*

CR2E034 (10/97)



ACCOUNT NO. : 072100000032

REFERENCE : 669040 4376716

AUTHORIZATION : *Patricia P. Pitt*

COST LIMIT : \$ 150.00

ORDER DATE : January 14, 1998

ORDER TIME : 11:46 AM

ORDER NO. : 669040-005

CUSTOMER NO: 4376716

CUSTOMER: Mr. Dennis Green  
Natwest Securities Corporation  
175 Water Street

New York, NY 10038

ANNUAL REPORT FILING

NAME: NATWEST SECURITIES CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Cindy Harris

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
98 JAN 15 PM 1:24  
DIVISION OF CORPORATION