

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P34184

FILED
Apr 22, 2009
Secretary of State

Entity Name: SHIELDS CAPITAL CORPORATION

Current Principal Place of Business:

140 BROADWAY
44TH FLR
NEW YORK, NY 10005

New Principal Place of Business:

Current Mailing Address:

140 BROADWAY
44TH FLR
NEW YORK, NY 10005

New Mailing Address:

FEI Number: 13-3125594 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLEVE, KEVIN V
2900 SOUTH TAMiami TRAIL
SARASOTA, FL 34239 US

Name and Address of New Registered Agent:

VAN CLEVE, KEVIN
2900 SOUTH TAMiami TRAIL
SARASOTA, FL 34239 US

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.

SIGNATURE: KEVIN VAN CLEVE

04/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHIELDS, DAVID V.
Address: 131 E. 69TH STREET
City-St-Zip: NEW YORK, NY

Title: CD () Delete
Name: SHIELDS, JOSEPH V.
Address: 152 WHEATLEY ROAD
City-St-Zip: BROOKVILLE, NY

Title: PD () Delete
Name: SCARPA, RAPLH
Address: 944 MAPLE AVE
City-St-Zip: RIDGEFIELD, NJ 07657

Title: CD () Delete
Name: MEYER, CHRISTOPHER
Address: 1881 SCHERMERHORN ST
City-St-Zip: MERRICK, NY 11566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SHIELDS, DAVID V
Address: 131 E. 69TH STREET
City-St-Zip: NEW YORK, NY 10021

Title: CD (X) Change () Addition
Name: SHIELDS, JOSEPH V
Address: 152 WHEATLEY ROAD
City-St-Zip: BROOKVILLE, NY 11545

Title: PD (X) Change () Addition
Name: SCARPA, RALPH J
Address: 944 MAPLE AVE
City-St-Zip: RIDGEFIELD, NJ 07658

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH J. SCARPA

PD

04/22/2009

Electronic Signature of Signing Officer or Director

Date