

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 # P34801

(1)

1. Corporation Name

WHALE SECURITIES CORP.



Principal Place of Business

650 FIFTH AVENUE
NEW YORK NY 10019

Mailing Address

650 FIFTH AVENUE
NEW YORK NY 10019

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/26/1991

3a. Date of Last Report

03/30/1995

4. FEI Number

13-3165196

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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 typed in plaintext and registered agent and the filer's name

(If filer is Registered Agent, signature required when filing change)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SMITH, ELLIOT J.
STREET ADDRESS %650 FIFTH AVENUE
CITY-ST-ZIP NEW YORK NY

1.1 TITLE ☐ Change ☐ Addition

TITLE T
NAME ANARI, NICHOLAS C.
STREET ADDRESS %650 FIFTH AVENUE
CITY-ST-ZIP NEW YORK NY

2.1 TITLE ☐ Change ☐ Addition

TITLE CD
NAME WALTERS, WILLIAM G.
STREET ADDRESS %650 FIFTH AVENUE
CITY-ST-ZIP NEW YORK NY

3.1 TITLE ☐ Change ☐ Addition

TITLE D
NAME WEBSTER, DONALD C.
STREET ADDRESS %350 BAY STREET
CITY-ST-ZIP TORONTO, ONT., CANADA

4.1 TITLE ☐ Change ☐ Addition

TITLE CFO
NAME MCSHERRY, JOSEPH
STREET ADDRESS %650 FIFTH AVENUE
CITY-ST-ZIP NEW YORK NY

5.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

(212) 484-1019

Date

Daytime Phone

CR2E034 (12/95)