

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P35751 (7)

1. Corporation Name

TRIUMPH CORPORATE FINANCE GROUP, INC.



Principal Place of Business

Mailing Address

222 LAKEVIEW AVE.
SUITE 160-268
WEST PALM BEACH FL 33401

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SUITE 160-268
WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified
10/03/1991

3a. Date of Last Report
03/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

04-3000915

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

10. Name and Address of New Registered Agent

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

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 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CHAPMAN, JOHN M.	
STREET ADDRESS	48 MOULTON STREET 80 GRENNAN RD	
CITY - ST - ZIP	NEWTON MA - W. HARTFORD, CT 06107	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, RICHARD J.	
STREET ADDRESS	24 NEW MEADOWS ROAD 4 LONGFELLOW RD	
CITY - ST - ZIP	WINCHESTER MA 01890	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, RICHARD J.	
STREET ADDRESS	24 NEW MEADOWS ROAD	
CITY - ST - ZIP	WINCHESTER MA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCCARTHY, FREDERICK W.	
STREET ADDRESS	1519 N. OCEAN WAY	
CITY - ST - ZIP	PALM BCH. FL 33480	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	E. MARK NODMAN	
1.3 STREET ADDRESS	10 SANDERSON ROAD	
1.4 CITY - ST - ZIP	LEXINGTON, MA 02173	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	FREDERICK S. MOSELEY IV	
2.3 STREET ADDRESS	173 LARCH RD	
2.4 CITY - ST - ZIP	WENHAM, MA 01984	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	THOMAS W. JAMES	
3.3 STREET ADDRESS	85-A MT. VERNON ST.	
3.4 CITY - ST - ZIP	BOSTON, MA 02108	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JOHN M. CHAPMAN	
4.3 STREET ADDRESS	80 GRENNAN RD	
4.4 CITY - ST - ZIP	W. HARTFORD, CT 06107	
5.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	RICHARD J. WILLIAMS	
5.3 STREET ADDRESS	4 LONGFELLOW RD	
5.4 CITY - ST - ZIP	WINCHESTER, MA 01890	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Fred W. McCarthy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FREDERICK W. MCCARTHY 2/14/96 (617) 557-6000

DATE Daytime Phone #

CR2E034 (12/95)