

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 05, 1999 8:00 am  
Secretary of State

04-05-1999 90001 040 \*\*\*158.75

DOCUMENT # P35751

1. Corporation Name

TRIUMPH CORPORATE FINANCE GROUP, INC.

Principal Place of Business

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

Mailing Address

60 STATE ST  
21ST FL  
BOSTON MA 02109  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/03/1991

4. FEI Number

04-3000915

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 28 State St

22 City & State

27 Suite, Apt. #, etc.

37th Floor

23 Zip

Country

28 City & State

Zip

Country

24

25

29

02109

30

USA

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME WILLIAMS, RICHARD J  
STREET ADDRESS 4 LONGFELLOW ROAD  
CITY-ST-ZIP WINCHESTER MA ☐ DELETE

1.1 TITLE  
1.2 NAME ☐ Change ☐ Addition  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE TS  
NAME TREVISANI, ROBERT M  
STREET ADDRESS 15 ABBOTT ROAD  
CITY-ST-ZIP WELLESLEY MA ☐ DELETE

2.1 TITLE  
2.2 NAME ☐ Change ☐ Addition  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  
NAME JAMES, THOMAS W  
STREET ADDRESS 85-A MOUNT VERNON STREET  
CITY-ST-ZIP BOSTON MA ☐ DELETE

3.1 TITLE  
3.2 NAME ☐ Change ☐ Addition  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE PD  
NAME MCCARTHY, FREDERICK W.  
STREET ADDRESS 1519 N. OCEAN WAY  
CITY-ST-ZIP PALM BCH. FL ☐ DELETE

4.1 TITLE  
4.2 NAME ☐ Change ☐ Addition  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME CHAPMAN, JOHN M  
STREET ADDRESS 80 GRENNAN RD  
CITY-ST-ZIP W. HARTFORD RD CT 06107 ☐ DELETE

5.1 TITLE  
5.2 NAME ☐ Change ☐ Addition  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

6.1 TITLE  
6.2 NAME ☐ Change ☐ Addition  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE RETURNED

3/27/99

1/12/99

CR2E034 (11/98)

0000051