


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

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Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90082 009 ***150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P38794

1. Corporation Name
BNY HAMILTON DISTRIBUTORS, INC.

Principal Place of Business CORP FINANCE TAX DEPT 3435 STELZER RD COLUMBUS OH 43219 US	Mailing Address CORP FINANCE TAX DEPT 3435 STELZER RD COLUMBUS OH 43219 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
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3. Date Incorporated or Qualified 05/14/1992	4. FEI Number 13-3663110	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 revalidating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CCEO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANGUM, LYNN J	1.2 NAME	
STREET ADDRESS	150 CLOVE RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LITTLE FALLS JU 07424	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMKO, WILLIAM J	2.2 NAME	
STREET ADDRESS	3435 STELZER RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH 43219	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELL, KEVIN J	3.2 NAME	
STREET ADDRESS	150 CLOVE RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LITTLE FALLS NJ 07424	3.4 CITY-ST-ZIP	
TITLE	EVPT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMULLAN, ROBERT J	4.2 NAME	
STREET ADDRESS	150 CLOVE RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LITTLE FALLS NJ 07424	4.4 CITY-ST-ZIP	
TITLE	SVP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYBARCZYK, MARK	5.2 NAME	
STREET ADDRESS	11 GREENWAY PLAZA	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77046	5.4 CITY-ST-ZIP	
TITLE	SVP <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, GEORGE	6.2 NAME	
STREET ADDRESS	3435 STELZER RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH 43219	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 supplement 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

BNY Hamilton Distributors, Inc.

Corporate Officers & Directors

Position	Name	Business Address
Chairman/Director/CEO	Lynn J. Mangum	150 Clove Rd., Little Falls, NJ 07424
EVP/CFO/Treasurer	Dennis Sheehan	150 Clove Rd., Little Falls, NJ 07424
Secretary	Kevin J. Dell	150 Clove Rd., Little Falls, NJ 07424
Senior Vice President	Mark Rybarczyk	11 Greenway Plaza, Houston, TX 77046
Vice President	Michael Burns	3435 Stelzer Rd. Columbus, Ohio 43219
Vice President	David Blackmore	3436 Stelzer Rd. Columbus, Ohio 43219
Compliance Officer	Steve Ludwig	3437 Stelzer Rd. Columbus, Ohio 43219
Compliance Officer	Mark Telfer	3438 Stelzer Rd. Columbus, Ohio 43219
Assistant Secretary	Robert Tuch	3435 Stelzer Rd. Columbus, Ohio 43219
President	William J Tomko	3436 Stelzer Rd. Columbus, Ohio 43219
Vice President	Richard Baxt	150 Clove Rd., Little Falls, NJ 07424

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