

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 PM 3:12

DOCUMENT # P39443 (7)

1. Corporation Name

DALTON, GREINER, HARTMAN, MAHER & CO., INC.

Principal Place of Business

630 FIFTH AVENUE, SUITE 3425
NEW YORK NY 10111

Mailing Address

630 FIFTH AVENUE, SUITE 3425
NEW YORK NY 10111

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/29/1992	3a. Date of Last Report 02/11/1994
4. FEI Number 13-3567613	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	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KEELER, MICHAEL W
975 0TH AVE SO
STE 105
NAPLES FL 33940

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 Suite 301

84 City NAPLES

85 Zip Code FL 33940

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 *Michael W Keeler* Michael Keeler VP

1/13/95

12. OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when reappointing)

DATE

TITLE C
NAME DALTON, TIMOTHY
STREET ADDRESS 990 ADMIRALTY PARADE EAST
CITY-ST-ZIP NAPLES FL

TITLE VT
NAME HARTMAN, JAMES F.
STREET ADDRESS 4 LEATHERMAN COURT
CITY-ST-ZIP ARMONK NY

TITLE PS
NAME GREINER, KENNETH J.
STREET ADDRESS 67 FLEET COVE ROAD
CITY-ST-ZIP HUNTINGTON NY

TITLE V
NAME MAHER, KEVIN J.
STREET ADDRESS 89 DURAND ROAD
CITY-ST-ZIP MAPLEWOOD NJ

TITLE V
NAME KEELER, MICHAEL W
STREET ADDRESS 20 EUCLID AVENUE
CITY-ST-ZIP MAPLEWOOD NJ

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 174 Asharoken Avenue

3.4 CITY-ST-ZIP Northport, NY

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS 800 17th Avenue South

5.4 CITY-ST-ZIP Naples, FL 33940

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 110.07(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 OFFICER OR DIRECTOR

1/13/95 (212) 459-0500

Date

Telephone Number