

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

1-3

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **819220** (5)

1. Corporation Name  
**KIDDER, PEABODY & CO., INCORPORATED**



Principal Place of Business: **C/O GE CAPITAL CORP. 777 LONG RIDGE ROAD STAMFORD CT 06927 US**  
Mailing Address: **10 HANOVER SQUARE TAX DEPT., 19TH FL NEW YORK NY 10005 US**

3. Date Incorporated or Qualified: **12/16/1965**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**  
Suite, Apt. #, etc.: **Dept. 8109**  
City & State: **27 260 Long Ridge Rd. Stamford, Ct 06927-9621**  
City & State: **28**  
Zip: **29** Country: **30**

4. FEI Number: **13-5650440**  
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: **CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324**  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when beneficial) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | <b>MD</b> <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>LIFTIN, JOHN</b>                       | 1.2 NAME  |   |
| STREET ADDRESS             | <b>10 HANOVER SQUARE</b>                  | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>NEW YORK NY 10005</b>                  | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>MD</b> <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>O'DONNELL, RICHARD W.</b>              | 2.2 NAME  |   |
| STREET ADDRESS             | <b>10 HANOVER SQUARE</b>                  | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>NEW YORK NY 10005</b>                  | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>MD</b> <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>RYAN JR, THOMAS F.</b>                 | 3.2 NAME  |   |
| STREET ADDRESS             | <b>10 HANOVER SQUARE</b>                  | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>NEW YORK NY 10005</b>                  | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>MD</b> <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>SKEVIN, EILEEN M.</b>                  | 4.2 NAME  |   |
| STREET ADDRESS             | <b>10 HANOVER SQUARE</b>                  | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>NEW YORK NY 10005</b>                  | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>S</b> <input type="checkbox"/> DELETE  | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>OTT, GILBERT R.</b>                    | 5.2 NAME  |   |
| STREET ADDRESS             | <b>10 HANOVER SQUARE</b>                  | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>NEW YORK NY 10005</b>                  | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>T</b> <input type="checkbox"/> DELETE  | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MARTORELLA, JOSEPH P.</b>              | 6.2 NAME  |   |
| STREET ADDRESS             | <b>10 HANOVER SQUARE</b>                  | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>NEW YORK NY 10005</b>                  | 6.4 CITY-ST-ZIP                                       |   |

**SEE ATTACHED**

**300001779883**  
**-04/15/96--01037--012**  
**\*\*\*200.00**

*Handwritten initials*

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: *Handwritten Signature* **Gary J. Schulman** 4/8/96 203.357.4544  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

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2/19/96

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Kidder, Peabody & Co. Incorporated  
13-5650440

| Name                 | Title                             | Business Address                      |
|----------------------|-----------------------------------|---------------------------------------|
| Peter C. Salerno     | General Counsel                   |                                       |
| Jodi M Posner        | General Counsel                   |                                       |
| Pamela G. Armstrong  | General Counsel                   |                                       |
| William H. Phelps    | General Counsel                   |                                       |
| David Rivera         | General Counsel                   |                                       |
| Thomas A. Dubbs      | General Counsel                   |                                       |
| Shella A. Chervin    | General Counsel                   |                                       |
| John M. Litfin, Esq  | General Counsel                   |                                       |
| Richard Kelly        | General Counsel                   |                                       |
| Gilbert R. Ott, Jr.  | Secretary                         |                                       |
| Phillip Haentzler    | Assistant Secretary               |                                       |
| Joseph P. Martorella | Treasurer                         |                                       |
| Kenneth E. Kempson   | Assistant Treasurer - Taxes       | 777 Long Ridge Rd. Stamford CT 06927  |
| Elaine S. Keller     | Assistant Treasurer - Taxes       | 777 Long Ridge Rd. Stamford CT 06927  |
| Scott Roberti        | Assistant Treasurer - Taxes       | 777 Long Ridge Rd. Stamford CT 06927  |
| Gary J. Schulman     | Assistant Treasurer - Taxes       | 777 Long Ridge Rd. Stamford CT 06927  |
| J. Van Cleave        | Assistant Treasurer - State Taxes |                                       |
| Patricia Lecours     | Assistant Treasurer - State Taxes | 777 Long Ridge Road Stamford CT 06927 |
| John Amato           | Assistant Treasurer - State Taxes | 777 Long Ridge Road Stamford CT 6927  |
| Gary J. Schulman     | Assistant Treasurer - State Taxes | 777 Long Ridge Rd. Stamford CT 06927  |
| Joseph Collins       | Officer                           |                                       |
| Marc A. Thomas       | Officer                           |                                       |
| Vinny M. Sookoo      | Officer                           |                                       |
| Hasib K. Lalimohamed | Officer                           |                                       |
| James Calesthu       | Officer                           |                                       |
| Richard W O'Donnell  | Officer                           |                                       |
| Leonard V Bussa      | Officer                           |                                       |

Four Embarcadero Center Suite 3900 San Francisco CA

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Kidder, Peabody & Co. Incorporated  
13-5650440

2/19/96

| Name              | Title   | Business Address |
|-------------------|---------|------------------|
| Patricia A. Kelly | Officer |                  |
| Wayne Mock        | Officer |                  |
| Beverly Medema    | Officer |                  |
| Patricia Milton   | Officer |                  |