

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

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90208 046 \*\*\*150.00



PROFIT CORPORATION  
 ANNUAL REPORT  
 1999

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

DOCUMENT # 819220

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



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 C/O GE CAPITAL CORP.  
 777 LONG RIDGE ROAD  
 STAMFORD CT 06927  
 US

Mailing Address  
 DEPT. 8109  
 260 LONG RIDGE RD.  
 STAMFORD CT 06927-9621  
 US

3. Date Incorporated or Qualified  
**12/16/1965**

4. FEI Number  
**13-5650440**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 **1000 Harbor Blvd.**  
 Suite, Apt. #, etc.

22 **Weehawken, NJ**  
 City & State

23 **07087**  
 Zip

24 **07087**  
 Zip

2a. Mailing Address  
 26 **1000 Harbor Blvd.**  
 Suite, Apt. #, etc.

27 **Tax Dept-9th Fl.**  
 City & State

28 **Weehawken, NJ**  
 City & State

29 **07087**  
 Zip

30 **07087**  
 Zip

9. Name and Address of Current Registered Agent  
**ET CORPORATION SYSTEM Corp, Service Co.**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**  
*1201 Hays St. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETED
TITLE	MD	<input checked="" type="checkbox"/>
NAME	LIFTIN, JOHN	
STREET ADDRESS	10 HANOVER SQUARE	
CITY-ST-ZIP	NEW YORK NY 10005	
TITLE	MD	<input checked="" type="checkbox"/>
NAME	O'DONNELL, RICHARD W.	
STREET ADDRESS	10 HANOVER SQUARE	
CITY-ST-ZIP	NEW YORK NY 10005	
TITLE	MD	<input checked="" type="checkbox"/>
NAME	RYAN JR, THOMAS F.	
STREET ADDRESS	10 HANOVER SQUARE	
CITY-ST-ZIP	NEW YORK NY 10005	
TITLE	MD	<input checked="" type="checkbox"/>
NAME	SKEVIN, EILEEN M.	
STREET ADDRESS	10 HANOVER SQUARE	
CITY-ST-ZIP	NEW YORK NY 10005	
TITLE	S	<input checked="" type="checkbox"/>
NAME	OTT, GILBERT R.	
STREET ADDRESS	10 HANOVER SQUARE	
CITY-ST-ZIP	NEW YORK NY 10005	
TITLE	T	<input checked="" type="checkbox"/>
NAME	MARTORELLA, JOSEPH P.	
STREET ADDRESS	10 HANOVER SQUARE	
CITY-ST-ZIP	NEW YORK NY 10005	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	President	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	Anthony M. DiToro		
1.3 STREET ADDRESS	1000 Harbor Blvd.		
1.4 CITY-ST-ZIP	Weehawken, NJ 07087		
2.1 TITLE	VP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	Hannah Berkowitz		
2.3 STREET ADDRESS	1000 Harbor Blvd.		
2.4 CITY-ST-ZIP	Weehawken, NJ 07087		
3.1 TITLE	Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	F. Daniel Corkery		
3.3 STREET ADDRESS	1000 Harbor Blvd.		
3.4 CITY-ST-ZIP	Weehawken, NJ 07087		
4.1 TITLE	Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	William J. Nolan		
4.3 STREET ADDRESS	1000 Harbor Blvd.		
4.4 CITY-ST-ZIP	Weehawken, NJ 07087		
5.1 TITLE	Secretary	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	Geraldine L. Banyai		
5.3 STREET ADDRESS	1000 Harbor Blvd.		
5.4 CITY-ST-ZIP	Weehawken, NJ 07087		
6.1 TITLE	Asst. Treasurer	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.2 NAME	Kenneth Levine		
6.3 STREET ADDRESS	1000 Harbor Blvd.		
6.4 CITY-ST-ZIP	Weehawken, NJ 07087		

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: Kenneth Levine 4-30-99 (201) 902-4323  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)