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Feb 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 853100

(6)

1. Corporation Name:

CADARET, GRANT & CO., INC.

Principal Place of Business

108 W. JEFFERSON ST.
SYRACUSE NY 13202

Mailing Address

200 VALLEY ROAD
MT. ARLINGTON NJ 07856-1320

3. Date Incorporated or Qualified
06/09/1982

3a. Date of Last Report
01/24/1996

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

4. FEI Number

22-2361254

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

THE PRENTICE HALL CORPORATION SYSTEM, INC
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

83

84 City

Tallahassee

FL

85

Zip Code
32301

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

TITLE	CD	<input type="checkbox"/> DELETE
NAME	CADARET, MAC E.	
STREET ADDRESS	108 W. JEFFERSON ST.	
CITY-ST-ZIP	SYRACUSE NY	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GRANT, ARTHUR F.	
STREET ADDRESS	108 W. JEFFERSON ST.	
CITY-ST-ZIP	SYRACUSE NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FELDMAN, NORLYN S.	
STREET ADDRESS	101 GIBALTAR DR.	
CITY-ST-ZIP	MORRIS PLAINS NJ	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	JOHNSON, BEDA L.	
STREET ADDRESS	101 GIBALTAR DR.	
CITY-ST-ZIP	MORRIS PLAINS NJ	
TITLE	TV	<input type="checkbox"/> DELETE
NAME	TAYLOR, DONALD J.	
STREET ADDRESS	108 W JEFFERSON STREET	
CITY-ST-ZIP	SYRACUSE NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	200 Valley Rd, Suite 106
3.4 CITY-ST-ZIP	Mt. Arlington, NJ 07856
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	200 Valley Rd, Suite 106
4.4 CITY-ST-ZIP	Mt. Arlington, NJ 07856
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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, changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/97

Date

201 770-2300

Daytime Phone #

CR2E034 (9/96)