

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90115 002 \*\*\*150.00

**DOCUMENT # 853100**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/09/1982

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC  
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

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 checked="" 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	200 VALLEY RD, STE 106	
CITY-ST-ZIP	MT ARLINGTON NJ	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	JOHNSON, BEDA L.	
STREET ADDRESS	200 VALLEY RD, STE 106	
CITY-ST-ZIP	MT ARLINGTON 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	Chairman, President and Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/99

Date

800 234-8539

Daytime Phone #

CR2E034 (11/98)