

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 8:22

DOCUMENT # P34630 (4)

1. Corporation Name

LIBERTY SECURITIES CORPORATION

Principal Place of Business

Mailing Address

600 ATLANTIC AVENUE
BOSTON MA 02210-2214

600 ATLANTIC AVENUE
BOSTON MA 02210-2214

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/11/1991**
3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business		2a. Mailing Address		4. FCI Number		Applied Fee	
21		26		04-3119940		Not Applicable	
Suits, Apt #, etc.		Suits, Apt #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution		<input type="checkbox"/>	
23		28		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Country		24		25	
29		30					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 based on printed name of registered agent, and file of agent only

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	1.1 TITLE	P + D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NIXON, RALPH E.	1.2 NAME	FRANK L. TARANTINO		
STREET ADDRESS	600 ATLANTIC AVENUE	1.3 STREET ADDRESS	600 ATLANTIC AVENUE		
CITY - ST - ZIP	BOSTON MA	1.4 CITY - ST - ZIP	BOSTON, MA 02210-2214		
TITLE	EVP	2.1 TITLE	EVP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TARANTINO, FRANK L.	2.2 NAME	ROBERT L. SPADAFORA		
STREET ADDRESS	600 ATLANTIC AVENUE	2.3 STREET ADDRESS	600 ATLANTIC AVENUE		
CITY - ST - ZIP	BOSTON MA 02210-2214	2.4 CITY - ST - ZIP	BOSTON, MA 02210-2214		
TITLE	T	3.1 TITLE	T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARTINS, PAUL G.	3.2 NAME	Philip J. Iudice		
STREET ADDRESS	600 ATLANTIC AVENUE	3.3 STREET ADDRESS	600 Atlantic Avenue		
CITY - ST - ZIP	BOSTON MA 02210-2214	3.4 CITY - ST - ZIP	Boston, MA 02210-2214		
TITLE	S	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BENNING, JOHN A.	4.2 NAME			
STREET ADDRESS	600 ATLANTIC AVENUE	4.3 STREET ADDRESS			
CITY - ST - ZIP	BOSTON MA 02210-2214	4.4 CITY - ST - ZIP			
TITLE	D	5.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBBINS, RONALD S.	5.2 NAME	Porter P. Morgan		
STREET ADDRESS	600 ATLANTIC AVENUE	5.3 STREET ADDRESS	600 Atlantic Avenue		
CITY - ST - ZIP	BOSTON MA 02210-2214	5.4 CITY - ST - ZIP	Boston, MA 02210-2214		
TITLE	D	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MERRITT, CHARLES A. JR.	6.2 NAME			
STREET ADDRESS	600 ATLANTIC AVENUE	6.3 STREET ADDRESS			
CITY - ST - ZIP	BOSTON MA 02210-2214	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)(b), 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 TITLE OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

John A. Benning
JOHN A. BENNING

3/22/95

617-722-6000