

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

**FILED**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90113 007 \*\*\*150.00



PROFIT CORPORATION  
 ANNUAL REPORT  
 1999

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

DOCUMENT # **P34630**

1. Corporation Name  
**LIBERTY SECURITIES CORPORATION**

Principal Place of Business  
 100 MANHATTANVILLE ROAD  
 PURCHASE NY 10577  
 US

Mailing Address  
 100 MANHATTANVILLE ROAD  
 PURCHASE NY 10577  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/11/1991</b>	
21		26		4. FEI Number <b>04-3119940</b>	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Zip		29. Zip		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Country		Country		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			
				<b>FL</b>			

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RIPEPI, BRUCE F</b>		1.2 NAME		
STREET ADDRESS	<b>100 MANHATTANVILLE ROAD</b>		1.3 STREET ADDRESS		
CITY-ST-ZIP	<b>PURCHASE NY 10577</b>		1.4 CITY-ST-ZIP		
TITLE	<b>T</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MICKENBERG, CLIFFORD</b>		2.2 NAME		
STREET ADDRESS	<b>100 MANHATTANVILLE ROAD</b>		2.3 STREET ADDRESS		
CITY-ST-ZIP	<b>PURCHASE NY 10577</b>		2.4 CITY-ST-ZIP		
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BENNING, JOHN A</b>		3.2 NAME	<b>MICKENBERG, CLIFFORD</b>	
STREET ADDRESS	<b>600 ATLANTIC AVE</b>		3.3 STREET ADDRESS	<b>100 MANHATTANVILLE ROAD</b>	
CITY-ST-ZIP	<b>BOSTON MA 02210-2214</b>		3.4 CITY-ST-ZIP	<b>PURCHASE, NY 10577</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KAPLAN, DENIS</b>		4.2 NAME		
STREET ADDRESS	<b>100 MANHATTANVILLE ROAD</b>		4.3 STREET ADDRESS		
CITY-ST-ZIP	<b>PURCHASE NY 10577</b>		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			5.2 NAME	<b>C. ALLEN MERRITT, JR.</b>	
STREET ADDRESS			5.3 STREET ADDRESS	<b>600 ATLANTIC AVENUE</b>	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	<b>BOSTON, MA 02210-2214</b>	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			6.2 NAME	<b>J. SCOTT HANSEN</b>	
STREET ADDRESS			6.3 STREET ADDRESS	<b>600 ATLANTIC AVENUE</b>	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	<b>BOSTON, MA 02210-2214</b>	

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] PRESIDENT Date: 2/19/99 Daytime Phone #: 914696-5600

CR2E034 (1/98)