

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90389 001 ***150.00

C0067535

DO NOT WRITE IN THIS SPACE

DOCUMENT # P34630
1. Entity Name
 LIBERTY SECURITIES CORPORATION

Principal Place of Business **Mailing Address**
 100 Manhattanville Road 100 Manhattanville Road
 Purchase, NY 10577 Purchase, NY 10577-2134

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 04-3119940 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CT Corporation System
 1200 S. Pine Island Road
 Plantation, FL 33324

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	Koll, Richard J.	
STREET ADDRESS	100 Manhattanville Road	
CITY-ST-ZIP	Purchase, NY 10577	
TITLE	T	<input type="checkbox"/> Delete
NAME	Mickenberg, Clifford	
STREET ADDRESS	100 Manhattanville Road	
CITY-ST-ZIP	Purchase, NY 10577	
TITLE	S/De	<input type="checkbox"/> Delete
NAME	Ripepi, Bruce F.	
STREET ADDRESS	100 Manhattanville Road	
CITY-ST-ZIP	Purchase, NY 10577	
TITLE	D	<input type="checkbox"/> Delete
NAME	Robert L. Spadafora	
STREET ADDRESS	100 Manhattanville Road	
CITY-ST-ZIP	Purchase, NY 10577	
TITLE	D	<input type="checkbox"/> Delete
NAME	Merritt, Allen C., Jr.	
STREET ADDRESS	600 Atlantic Avenue	
CITY-ST-ZIP	Boston, MA 02210-2214	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	McKenna, Robert J.	
STREET ADDRESS	100 Manhattanville Road	
CITY-ST-ZIP	Purchase, NY 10577	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowers.

SIGNATURE: _____ **Richard J. Koll** **04/10/01 9146965600**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/00)