## **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

**FILED** Jul 01, 2002 8:00 am Secretary of State 07-01-2002 90352 026 \*\*\*550.00

DOCUMENT # P34630

IFMG SECURITIES. INC.

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	DO NOT WRITE	IN THIS S	PACE		118775
2. Principal Place of Business 100 MANHATTANVILLE PD. 100 MAN			TTANVILLE RI	<b>&gt;</b>	
Suite, Apt. #, etc. ATTN: P. WONG		Suite, Apt. #, etc. ATTN: P. WONG		DO NOT WRITE IN THIS SPACE	
PUR CH	ASE, NY	PURCH ASE	, NY	4. FEI Number 04-31	19940 Applied For Not Applicable
1057	7 Country U.S.	10577	Country	5. Certificate of Status Desire	Fee Required
		. Fr. amerika in indus	Name CT	7. Name and Address of Curr CORPORATION	
	DO NOT W IN THIS SE		Street Address 12.0	6 (P.O. Box Number is Not Accept 0 S PINE	SLAND ROAD
			City PLA	NTATION	FL 33324
SIGNATURE	named entity submits this statement for synature, spect or primed name of registered agent or attion is elligible to satisfy its Intangible equirement and elects to do so, ia on back)	and title if app8cable. (NO January 1- After Ma Amende	STE Registered office or register.  PTE. Registerert Agent signature requirement.  May: 1. Fee: is: \$150.00  y: 1, Fee: is: \$550.00  ed: UBR: is: \$61.25  able to Department of S	red whos reinstaling:  10. 'Election Campaigr Trust Fund Contrib	DATE  n Financing \$5.00 May Be
11.	OFFICERS AND	9 5 100 100 1			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT RICHARD J. KOLL 100 MANHATTANVILLE ROAD PURCHASE, NY 10577		NAME STREET ADDRESS CITY STATE		
TITLE NAME STREET AODRESS CITY-ST-ZIP	CFO ROBERT J. MCK 100 MANHATTANI PURCHASE, NY 1	ENNA ILLE ROAD	NAME STREET ADDRESS CITY, ST 2/PP		
TIFLE NAME STREET AODRESS CHY-ST-ZIP	SECRETARY/DIRE BRUCE F. RIPEPI 100 MANHATTAN PURCHASE, NY	VILLE ROAD	The second secon	DO NO	T WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER CLIFFORD MICKE 100 MANHATTANV PURCHASE, NY 1	NBERG ILLE ROAD 0577	ITILE NAME STREET ADDRESS CITY ST-7P	IN THIS	SPACE
TITLE NAME STREET ADDRESS CITY: ST-ZIP	DIRECTOR ROBERT L. SPADE 100 MANHATTAN PURCHASE, NY 1	FORA VILLE ROAD	MAME STREET ADDRESS CITY ST ZP		
TITLE NAME. STREET ADDRESS CITY-ST-ZIP	DIRECTOR JAMES A. MCNUL ONE SUN LIFE EX WELLESLEY HILLS	ΤΥ	TITLE G. NAME STREET ADDRESS CITY-ST-ZIP		
13. I hereby certify that the information supplied with this filling 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 eath; 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 on an attachment with an address, with all other like empowered.					
SIGNATURE:    RICHARD J. KOLL 6-19-02 914-6-96-56-00					