

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # B00000000346

1. Entity Name
NDB CAPITAL MARKETS, LP.

FILED

01 APR 17 PM 12:13

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address

10 EXCHANGE PLACE CENTRE, 15TH FLOOR 10 EXCHANGE PLACE CENTRE, 15TH FLOOR
 JERSEY CITY NJ 07302 JERSEY CITY NJ 07302

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

DO NOT WRITE IN THIS SPACE

4. FEI Number **22-3740990** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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. Capital Contributions as Shown on record. **\$0.00** 10. Amount of Capital Contributions in FLORIDA to date. **0.00** 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F00000006205 NDB CAPITAL MARKETS CORPORATION 10 EXCHANGE PLACE CENTRE, 15TH FLOOR JERSEY CITY NJ 07302	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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CR2E003 (11/00)

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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *THOMAS W. NEUMANN* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** **THOMAS W. NEUMANN** **3/8/01** **(201) 946-4411**

Date Daytime Phone #