

**2002 UNIFORM BUSINESS REPORT (UBR)**

0002406 AB

DOCUMENT # **B00000000346**

1. Entity Name  
**NDB CAPITAL MARKETS, L.P.**

FILED  
02 AUG 16 PM 1:41  
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

**DUE BY SEPTEMBER 25, 2002**

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 **CT Corporation System**  
Street Address (P.O. Box Number is Not Acceptable)  
**1200 South Pine Island Road**  
City **Plantation** FL Zip Code **33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* **EDWARD GWISDALLA**  
**Assistant Vice President** DATE **8/15/02**

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	
DOCUMENT #	<b>F00000006205</b>
NAME	<b>NDB CAPITAL MARKETS CORPORATION</b>
STREET ADDRESS	<b>10 EXCHANGE PLACE CENTRE, 15TH FLOOR</b>
CITY-ST-ZIP	<b>JERSEY CITY NJ 07302</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<b>500007316095--9</b>
CITY-ST-ZIP	<b>-08/23/02--01058--028</b> <b>****400.00 ****400.00</b>
STREET ADDRESS	<b>BK</b>
CITY-ST-ZIP	
STREET ADDRESS	<b>500007316095--9</b>
CITY-ST-ZIP	<b>-08/23/02--01058--029</b> <b>****141.25 ****141.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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: *[Signature]* **SIGNATURE REQUIRED** **Sonja K. Olsen, Secretary** **8-15-02** **212-469-0019**  
Signature and Typed or Printed Name of Signing General Partner Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (4/02)