


LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B00000000346 1. Entity Name NDB Capital Markets, L.P.	
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FILED

03 APR 17 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 90 Hudson Street Suite, Apt. #, etc.	3. Mailing Address 31 West 52nd Street Suite, Apt. #, etc. MS NYC09-0810
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DO NOT WRITE IN THIS SPACE

City & State Jersey City, NJ	City & State New York, NY	4. FEI Number 22-3740990	Applied For <input type="checkbox"/> Not Applicable
Zip 07311	Country U.S.A.	Zip 10019	Country U.S.A.

DUE BY MAY 1

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name CT Corporation System	Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Rd
City Plantation	State 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 *Connie Byrnes* DATE 4/17/03

Signatures, typed or printed name of registered agent and file if applicable.

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 FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # F00000000205 NAME NDB Capital Markets Corporation STREET ADDRESS 90 Hudson Street CITY-ST-ZIP Jersey City, NJ 07311	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP 500016951185 04/24/03--01030--013 **141.25 <i>AK</i>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP <p style="text-align: center; font-size: 1.5em; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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STAPLE CHECK HERE

CFR2E003B (12/02)

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: *Sonja K. Olsen* **Sonja K. Olsen** 4/14/03 212-469-0019
 SECRETARY Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER