

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 09, 2001 08:00 AM****Secretary of State****DOCUMENT # M98000000679****1. Entity Name**

ARCHON FINANCIAL, LLC

Principal Place of Business

600 EAST LAS COLINAS BLVD., SUITE 800

Mailing Address

600 EAST LAS COLINAS BLVD., SUITE 800

IRVING
75039

TX

IRVING
75039

TX

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**75-2734174**

Applied For

Not Applicable

5. Certificate of Status Desired**\$5.00** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROADPLANTATION
33324

US

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

05/09/2001

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**9. MANAGING MEMBERS / MEMBERS****10. ADDITIONS / CHANGES**

TITLE	MGR	<input type="checkbox"/> Delete
NAME	FRAPART RICHARD R	
STREET ADDRESS	600 EAST LAS COLINAS BLVD., SUITE 800	
CITY-ST-ZIP	IRVING TX 75039	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	LOZIER JAMES L	
STREET ADDRESS	600 EAST LAS COLINAS BLVD., SUITE 800	
CITY-ST-ZIP	IRVING TX 75039	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	SABSHON MITCHELL A	
STREET ADDRESS	600 EAST LAS COLINAS BLVD., SUITE 800	
CITY-ST-ZIP	IRVING TX 75039	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	MNUCHIN STEVEN T	
STREET ADDRESS	85 BROAD STREET	
CITY-ST-ZIP	NEW YORK NY 10004	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	KOGAN MARK J	
STREET ADDRESS	85 BROAD STREET	
CITY-ST-ZIP	NEW YORK NY 10004	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	SCHECHNER SHERIDAN P	
STREET ADDRESS	85 BROAD STREET	
CITY-ST-ZIP	NEW YORK NY 10004	

TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'NEAL RODDY	
STREET ADDRESS	600 EAST LAS COLINAS BLVD., SUITE 800	
CITY-ST-ZIP	IRVING TX 75039	
TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONWAY JAMES	
STREET ADDRESS	600 EAST LAS COLINAS BLVD., SUITE 800	
CITY-ST-ZIP	IRVING TX 75039	
TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISS MARK S	
STREET ADDRESS	85 BROAD STREET	
CITY-ST-ZIP	NEW YORK NY 10004	
TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTIE ROBERT J	
STREET ADDRESS	85 BROAD STREET	
CITY-ST-ZIP	NEW YORK NY 10004	
TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPARKS DANIEL L	
STREET ADDRESS	85 BROAD STREET	
CITY-ST-ZIP	NEW YORK NY 10004	
TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOBEL JONATHAN S	
STREET ADDRESS	85 BROAD STREET	
CITY-ST-ZIP	NEW YORK NY 10004	

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RODDY O'NEAL

MGR

05/09/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)

BUONO, MARK MGR
85 BROAD STREET

NEW YORK, NY 10004

FASTOV, JEFFREY MGR
85 BROAD STREET

NEW YORK, NY 10004