

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 03, 2001 8:00 am**  
**Secretary of State**

04-12-2001 90072 001 \*\*\*300.00

**DOCUMENT # P00000005603**

1. Entity Name

**TRADESTATION GROUP, INC.**

Principal Place of Business

Mailing Address

**8700 W. FLAGLER ST., SUITE 250  
MIAMI FL 33174****8700 W. FLAGLER ST., SUITE 250  
MIAMI FL 33174**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0977576**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STONE, MARC J  
8700 W. FLAGLER ST., SUITE 250  
MIAMI FL 33174**

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)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                       |                                            |
|----------------|---------------------------------------|--------------------------------------------|
| TITLE          | <b>D</b>                              | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>CRUZ, WILLIAM R</b>                |                                            |
| STREET ADDRESS | <b>8700 W. FLAGLER ST., SUITE 250</b> |                                            |
| CITY-ST-ZIP    | <b>MIAMI FL 33174</b>                 |                                            |

|                |                                       |                                            |
|----------------|---------------------------------------|--------------------------------------------|
| TITLE          | <b>D</b>                              | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>CRUZ, RALPH L</b>                  |                                            |
| STREET ADDRESS | <b>8700 W. FLAGLER ST., SUITE 250</b> |                                            |
| CITY-ST-ZIP    | <b>MIAMI FL 33174</b>                 |                                            |

|                |                                       |                                            |
|----------------|---------------------------------------|--------------------------------------------|
| TITLE          | <b>D</b>                              | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>SRENDI, SALOMON</b>                |                                            |
| STREET ADDRESS | <b>8700 W. FLAGLER ST., SUITE 250</b> |                                            |
| CITY-ST-ZIP    | <b>MIAMI FL 33174</b>                 |                                            |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                |                                       |                                                                              |
|----------------|---------------------------------------|------------------------------------------------------------------------------|
| TITLE          | <b>D/C/CEO</b>                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>CRUZ, WILLIAM R.</b>               |                                                                              |
| STREET ADDRESS | <b>8700 W. FLAGLER ST., SUITE 250</b> |                                                                              |
| CITY-ST-ZIP    | <b>MIAMI, FL 33174</b>                |                                                                              |

|                |                                       |                                                                              |
|----------------|---------------------------------------|------------------------------------------------------------------------------|
| TITLE          | <b>D/C/CEO</b>                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>CRUZ, RALPH L</b>                  |                                                                              |
| STREET ADDRESS | <b>8700 W. FLAGLER ST., SUITE 250</b> |                                                                              |
| CITY-ST-ZIP    | <b>MIAMI, FL 33174</b>                |                                                                              |

|                |                                          |                                                                              |
|----------------|------------------------------------------|------------------------------------------------------------------------------|
| TITLE          | <b>D/P/COO</b>                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>SRENDI, SALOMON</b>                   |                                                                              |
| STREET ADDRESS | <b>8700 W. FLAGLER STREET, SUITE 250</b> |                                                                              |
| CITY-ST-ZIP    | <b>MIAMI, FL 33174</b>                   |                                                                              |

|                |                                       |                                                                              |
|----------------|---------------------------------------|------------------------------------------------------------------------------|
| TITLE          | <b>D</b>                              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>SMITH, BRIAN D.</b>                |                                                                              |
| STREET ADDRESS | <b>8700 W. FLAGLER ST., SUITE 250</b> |                                                                              |
| CITY-ST-ZIP    | <b>MIAMI, FL 33174</b>                |                                                                              |

|                |                                          |                                                                              |
|----------------|------------------------------------------|------------------------------------------------------------------------------|
| TITLE          | <b>D</b>                                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>RICHARDS STEPHEN C.</b>               |                                                                              |
| STREET ADDRESS | <b>8700 W. FLAGLER STREET, SUITE 250</b> |                                                                              |
| CITY-ST-ZIP    | <b>MIAMI, FL 33174</b>                   |                                                                              |

|                |                                          |                                                                              |
|----------------|------------------------------------------|------------------------------------------------------------------------------|
| TITLE          | <b>D/V</b>                               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>TAPAZZOLI, FARSHID</b>                |                                                                              |
| STREET ADDRESS | <b>8700 W. FLAGLER STREET, SUITE 250</b> |                                                                              |
| CITY-ST-ZIP    | <b>MIAMI, FL 33174</b>                   |                                                                              |

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARC J. STONE****3/19/01**

Date

**305 485-7021**

Daytime Phone

CR2E034 (10/00)

**Addendum to 2001, Uniform Business Report**

**Document #: P00000005603**

**Entity Name: TradeStation Group, Inc.**

**Block 12: Additions/Changes to Officers and Directors**

ADDITION: Title: D/V  
Name: ZUM TOBEL, E. STEVEN  
Street Address: 8700 W. FLAGLER ST, STE. 250  
City, St., Zip: MIAMI, FL 33174

ADDITION: Title: D  
Name: MAYER, LOTHAR  
Street Address: 8700 W. FLAGLER ST, STE. 250  
City, St., Zip: MIAMI, FL 33174

ADDITION: Title: V/S  
Name: STONE, MARC J.  
Street Address: 8700 W. FLAGLER ST, STE. 250  
City, St., Zip: MIAMI, FL 33174

ADDITION: Title: CFO/V/T  
Name: FLEISCHMAN, DAVID H.  
Street Address: 8700 W. FLAGLER ST, STE. 250  
City, St., Zip: MIAMI, FL 33174

ADDITION: Title: V  
Name: PEREZ, JANETTE  
Street Address: 8700 W. FLAGLER ST, STE. 250  
City, St., Zip: MIAMI, FL 33174

ADDITION: Title: V  
Name: SHAFFER, ROGER L.  
Street Address: 8700 W. FLAGLER ST, STE. 250  
City, St., Zip: MIAMI, FL 33174

ADDITION: Title: V  
Name: DAVIS, SEAN D.  
Street Address: 8700 W. FLAGLER ST, STE. 250  
City, St., Zip: MIAMI, FL 33174

ADDITION: Title: V  
Name: BODIE, LEONA  
Street Address: 8700 W. FLAGLER ST, STE. 250  
City, St., Zip: MIAMI, FL 33174

**Addendum to 2001, Uniform Business Report**

**Document #: F99932**

**Entity Name: TradeStation Technologies, Inc.**

**Block 12: Additions/Changes to Officers and Directors**

**ADDITION:** Title: V  
Name: PEREZ, JANETTE  
Street Address: 8700 W. FLAGLER ST, STE. 250  
City, St., Zip: MIAMI, FL 33174

**ADDITION:** Title: V  
Name: JENNINGS, JOHN  
Street Address: 8700 W. FLAGLER ST, STE. 250  
City, St., Zip: MIAMI, FL 33174

**ADDITION:** Title: V  
Name: MERAY, CHRISTOPHE  
Street Address: 8700 W. FLAGLER ST, STE. 250  
City, St., Zip: MIAMI, FL 33174

**ADDITION:** Title: V  
Name: EVANS, CHRISTOPHER  
Street Address: 8700 W. FLAGLER ST, STE. 250  
City, St., Zip: MIAMI, FL 33174

**ADDITION:** Title: V  
Name: DEV, JAY  
Street Address: 8700 W. FLAGLER ST, STE. 250  
City, St., Zip: MIAMI, FL 33174

**ADDITION:** Title: V  
Name: BARNES, DAVID  
Street Address: 8700 W. FLAGLER ST, STE. 250  
City, St., Zip: MIAMI, FL 33174

**ADDITION:** Title: V/CFO  
Name: FLEISCHMAN, DAVID H.  
Street Address: 8700 W. FLAGLER ST, STE. 250  
City, St., Zip: MIAMI, FL 33174