

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P04671

1. Entity Name  
MERRILL LYNCH PROFESSIONAL CLEARING CORP.

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90184 028 \*\*\*150.00

Principal Place of Business  
101 Hudson St, 7th flr.  
Jersey City, NJ  
07302

Mailing Address  
101 Hudson St. 7th flr.  
Jersey City, NJ  
07302

80030573

DO NOT WRITE IN THIS SPACE

|   |         |                                |         |
|---|---------|--------------------------------|---------|
| 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<br>13-3247006                               |         | Applied For<br>Not Applicable  |         |
| 5. Certificate of Status Desired <input type="checkbox"/> |         | \$8.75 Additional Fee Required |         |

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FLORIDA 33324

|  |          |
|--|----------|
| 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, 2000 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                      | CDP <input type="checkbox"/> Delete      | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | YETMAN, GARY E.                          | NAME  |   |
| STREET ADDRESS             | 41-A WELLINGTON ROAD                     | STREET ADDRESS  |   |
| CITY-ST-ZIP                | GARDEN CITY, NY 11783                    | CITY-ST-ZIP   |   |
| TITLE                      | CFO <input type="checkbox"/> Delete      | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MASTRONARDI, STEVEN W.                   | NAME  |   |
| STREET ADDRESS             | 2044 WASHINGTON ROAD                     | STREET ADDRESS  |   |
| CITY-ST-ZIP                | SEAFORD, NY 11783                        | CITY-ST-ZIP   |   |
| TITLE                      | SVD <input type="checkbox"/> Delete      | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PETTINEO, CHARLES                        | NAME  |   |
| STREET ADDRESS             | 619 VALLEY ROAD                          | STREET ADDRESS  |   |
| CITY-ST-ZIP                | BRIELLE, NJ 08730                        | CITY-ST-ZIP   |   |
| TITLE                      | SRVD <input type="checkbox"/> Delete     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MANGIAFICO, FRANK                        | NAME  |   |
| STREET ADDRESS             | 11 PUDDINSTONE ROAD                      | STREET ADDRESS  |   |
| CITY-ST-ZIP                | MORRIS PLAINS, NJ 07950                  | CITY-ST-ZIP   |   |
| TITLE                      | DIRECTOR <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HUGHES, THOMAS J.                        | NAME  |   |
| STREET ADDRESS             | 191 OVERLOOK DRIVE                       | STREET ADDRESS  |   |
| CITY-ST-ZIP                | GREENWICH, CT. 06830                     | CITY-ST-ZIP   |   |
| TITLE                      | V <input type="checkbox"/> Delete        | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CATALANO, ROMOLO                         | NAME  |   |
| STREET ADDRESS             | 36 32 219th STREET                       | STREET ADDRESS  |   |
| CITY-ST-ZIP                | BAYSIDE, NY 11361                        | CITY-ST-ZIP   |   |

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:** Charles Pettineo *Charles Pettineo* 2/22/2000 (201) 557-0840

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)