

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90273 021 ***150.00

0617021 AT

DOCUMENT # P04671

1. Entity Name
MERRILL LYNCH PROFESSIONAL CLEARING CORP.



Principal Place of Business
**20 BROAD STREET
14TH FLOOR
NEW YORK NY 10005
US**

Mailing Address
**20 BROAD STREET
14TH FLOOR
NEW YORK NY 10005
US**



2. Principal Place of Business
222 Broadway

3. Mailing Address
222 Broadway

Suite, Apt. #, etc.
6th floor

Suite, Apt. #, etc.
6th floor

City & State
New York, NY

City & State
New York, NY

4. FEI Number **13-3247006**

Applied For
Not Applicable

Zip Country
10038 USA

Zip Country
10038 USA

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CDP** ☐ Delete
NAME **YETMAN, GARY E**
STREET ADDRESS **41-A WELLINGTON ROAD**
CITY-ST-ZIP **GARDEN CITY NY 11783**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **GFO** ☒ Delete
NAME **MASTRONARDI, STEVEN W**
STREET ADDRESS **2044 WASHINGTON ROAD**
CITY-ST-ZIP **SEAFORD NY 11783**

TITLE **CFO** ☐ Change ☒ Addition
NAME **JAMES M. McCUE**
STREET ADDRESS **242 SOUTH CENTRAL AVE.**
CITY-ST-ZIP **RAMSEY, NJ 07446**

TITLE **SVD** ☐ Delete
NAME **PETTINEO, CHARLES**
STREET ADDRESS **619 VALLEY ROAD**
CITY-ST-ZIP **BRIELLE NJ**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SRVD** ☐ Delete
NAME **MANGIAFICO, FRANK**
STREET ADDRESS **11 PUDDINGSTONE ROAD**
CITY-ST-ZIP **MORRIS PLAINS NY 07950**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **RECKTENWALD, MARCY**
STREET ADDRESS **300 MERCER STREET, APT 12G**
CITY-ST-ZIP **NEW YORK NY 10003**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles Pettineo **Charles Pettineo** April 16, 2003 (212) 670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0610**

CR2E034 (10/02)