

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

1995 APR -6 PM 5 '95

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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****208.75 ****208.75

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Matthews
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # P23687 (7)

1. Corporation Name
**BEAR STEARNS GLOBAL ASSET TRADING, LTD. -CORPORAT-
-ION-**

Principal Place of Business Mailing Address

**245 PARK AVENUE
ATTN: ALAN D. SCHWARTZ
NEW YORK NY 10167
US**

**115 SO. JEFFERSON RD. ATTN: N. LOPEZ
WHIPPANY NJ 07981**

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

3. Date Incorporated or Qualified **03/31/1989** 3a. Date of Last Report **06/06/1994**

4. FEI Number **NOT APPLICABLE** Applied For Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(Signature, title or printed name of registered agent and title of application) (NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PCEO	SCHWARTZ, ALAN D	1.1 TITLE D/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	31 COOPER ROAD	1.2 NAME	
STREET ADDRESS	SCARSDALE NY	1.3 STREET ADDRESS 245 Park Avenue	
CITY-ST-ZIP		1.4 CITY-ST-ZIP New York, NY 10167	
TITLE TCF	MONTGORIS, WILLIAM J.	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	288 GREGORY ROAD	2.2 NAME	
STREET ADDRESS	FRANKLIN LAKES NJ	2.3 STREET ADDRESS 245 Park Avenue	
CITY-ST-ZIP		2.4 CITY-ST-ZIP New York, NY 10167	
TITLE COO	BERNSTEIN, JEFFREY C.	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100 SO. MIDDLENECK RD.	3.2 NAME	
STREET ADDRESS	GREAT NECK NY	3.3 STREET ADDRESS One MetroTech Center North	
CITY-ST-ZIP		3.4 CITY-ST-ZIP Brooklyn, NY 11201-3859	
TITLE DSMD	CUNNINGHAM, STEPHEN M	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	333 E. 30TH ST. 8J	4.2 NAME	
STREET ADDRESS	NEW YORK NY	4.3 STREET ADDRESS 245 Park Avenue	
CITY-ST-ZIP		4.4 CITY-ST-ZIP New York, NY 10167	
TITLE SDMD	MATTONE, VINCENT J	5.1 TITLE D/Senior Managing Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12 DEEP HOLLOW DRIVE	5.2 NAME	
STREET ADDRESS	LOCUST NJ	5.3 STREET ADDRESS 245 Park Avenue	
CITY-ST-ZIP		5.4 CITY-ST-ZIP New York, NY 10167	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	Complete listing of Officers & Directors is attached.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	TAW 4/6/95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statute. I further certify that the information indicated on this annual report or supplemental annual 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 007, Florida Statute, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **William J. Montgoris** *[Signature]* **3/01/95** (212) 272-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name)