

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 29 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1997



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

**DOCUMENT # P23687 (7)**  
 1. Corporation Name  
**BEAR STEARNS GLOBAL ASSET TRADING, LTD. CORPORATION**



Principal Place of Business: **245 PARK AVENUE ATTN: ALAN D. SCHWARTZ NEW YORK NY 10167 US**  
 Mailing Address: **115 SO. JEFFERSON RD. ATTN: H. LOPEZ WHIPPANY NJ 07981-1029**

3. Date Incorporated or Qualified: **03/31/1989**  
 3a. Date of Last Report: **04/30/1996**  
 4. FEI Number: **NOT APPLICABLE**  
 Applied For:  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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>DCEO</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHWARTZ, ALAN D</b>	
STREET ADDRESS	<b>245 PARK AVENUE</b>	
CITY- ST- ZIP	<b>NEW YORK NY 10167</b>	
TITLE	<b>TCF</b>	<input type="checkbox"/> DELETE
NAME	<b>MONTGORIS, WILLIAM J</b>	
STREET ADDRESS	<b>245 PARK AVENUE</b>	
CITY- ST- ZIP	<b>NEW YORK NY 10167</b>	
TITLE	<b>COO</b>	<input type="checkbox"/> DELETE
NAME	<b>BERNSTEIN, JEFFREY C.</b>	
STREET ADDRESS	<b>ONE METROTECH CENTER NORTH</b>	
CITY- ST- ZIP	<b>BROOKLYN NY 11201-3859</b>	
TITLE	<b>DSMD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CUNNINGHAM, STEPHEN M</b>	
STREET ADDRESS	<b>245 PARK AVENUE</b>	
CITY- ST- ZIP	<b>NEW YORK NY 10167</b>	
TITLE	<b>PSM</b>	<input type="checkbox"/> DELETE
NAME	<b>SPECTOR, WARREN J</b>	
STREET ADDRESS	<b>245 PARK AVENUE</b>	
CITY- ST- ZIP	<b>NEW YORK NY 10167</b>	
TITLE	<b>DAS</b>	<input type="checkbox"/> DELETE
NAME	<b>BORNSTEIN, STEPHEN A</b>	
STREET ADDRESS	<b>245 PARK AVENUE</b>	
CITY- ST- ZIP	<b>NEW YORK NY 10167</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>PLEASE SEE ATTACHED LIST</b>
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	<b>000002161090</b>
54 CITY- ST- ZIP	<b>-05/01/97--01004--050</b>
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>***165.00</b>
63 STREET ADDRESS	
64 CITY- ST- ZIP	

14. I do 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 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 607, Florida Statutes; 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4-16-97**  
 Daytime Phone #: **(212) 272-2000**

CR2E034 (9/96)

*Handwritten:* Raw 4-29-97