

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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P23687 (7)

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



Principal Place of Business 245 PARK AVENUE ATTN: ALAN D. SCHWARTZ NEW YORK NY 10167 US	Mailing Address 115 SO. JEFFERSON RD. ATTN: N. LOPEZ WHIPPANY NJ 07981-1029
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	29 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 03/31/1989	
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCEO <input type="checkbox"/> DELETE	1.1 TITLE	Senior Managing Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHWARTZ, ALAN D	1.2 NAME	Bruce E. Geismar
STREET ADDRESS	245 PARK AVENUE	1.3 STREET ADDRESS	One Metrotech Center North
CITY-ST-ZIP	NEW YORK NY 10167	1.4 CITY-ST-ZIP	Brooklyn, NY 11201
TITLE	TCF <input type="checkbox"/> DELETE	2.1 TITLE	Managing Director/Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONTGORIS, WILLIAM J	2.2 NAME	Chief Legal Officer/Chief Compliance Officer
STREET ADDRESS	245 PARK AVENUE	2.3 STREET ADDRESS	Bruce A. Wolfson
CITY-ST-ZIP	NEW YORK NY 10167	2.4 CITY-ST-ZIP	245 Park Avenue New York, NY 10167
TITLE	COO <input type="checkbox"/> DELETE	3.1 TITLE	Associate Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERNSTEIN, JEFFREY C.	3.2 NAME	Peter J. Albano
STREET ADDRESS	ONE METROTECH CENTER NORTH	3.3 STREET ADDRESS	245 Park Avenue
CITY-ST-ZIP	BROOKLYN NY 11201-3859	3.4 CITY-ST-ZIP	New York, NY 10167
TITLE	PSM <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPECTOR, WARREN J	4.2 NAME	
STREET ADDRESS	245 PARK AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10167	4.4 CITY-ST-ZIP	
TITLE	DAS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORNSTEIN, STEPHEN A	5.2 NAME	
STREET ADDRESS	245 PARK AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10167	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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.

CR2E034 (10/97)