

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90024 031 \*\*\*150.00

**24049220**



<b>DOCUMENT # 838957</b> 1. Entity Name <b>CIBC WORLD MARKETS CORP.</b>					
Principal Place of Business <b>245 PARK AVENUE NEW YORK, NY 10167 US</b>			Mailing Address <b>245 PARK AVENUE NEW YORK, NY 10167 US</b>		
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 <b>13-2798343</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET TALLAHASSEE, FL 32301</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PERMUT, KYLE</b> <b>200 LIBERTY STREET</b> <b>NEW YORK, NY 10281</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Bala Ayyar</b> <b>245 Park Avenue</b> <b>New York, NY 10167</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PHOENIX, WILLIAM</b> <b>425 LEXINGTON AVE</b> <b>NEW YORK, NY 10017</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Michael Capatides</b> <b>245 Park Avenue</b> <b>New York, NY 10167</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DMD BROWN, GARY</b> <b>425 LEXINGTON AVE</b> <b>NEW YORK, NY 10017</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD ROGERS, PAUL</b> <b>425 LEXINGTON AVE</b> <b>NEW YORK, NY 10017</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCD HEYER, ANDRES</b> <b>425 LEXINGTON AVENUE</b> <b>NEW YORK, NY 10017</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S BOURDON, PATRICIA</b> <b>200 LIBERTY ST</b> <b>NEW YORK, NY 10281</b>		TITLE 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.					
<b>SIGNATURE:</b> <i>Patricia A. Bourdon</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			April 13, 2004 (617) 927-1114 Date Daytime Phone #		

Patricia Bourdon