

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90015 025 ***150.00

03/19/02 AT

DOCUMENT # 846490

1. Entity Name

LINSCO/PRIVATE LEDGER CORP.

Principal Place of Business

**9785 TOWNE CENTRE DRIVE
 SAN DIEGO CA 92121-1958**

Mailing Address

**155 FEDERAL STREET
 14TH FLOOR
 BOSTON MA 02110**

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

95-2834236

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **BUTTERFIELD, DAVID H.**
 STREET ADDRESS **136 ADAMS POINTE RD.**
 CITY-ST-ZIP **BARRINGTON RI**

TITLE **President, Chief Executive Officer** ☒ Change ☐ Addition
 NAME **Butterfield, David H.**
 STREET ADDRESS **Park Towers, One Hughes Center Drive, #405 South**
 CITY-ST-ZIP **Las Vegas, Nevada 89109**

TITLE **MT** ☒ Delete
 NAME **COLLETT, DAVID W**
 STREET ADDRESS **629 BAINBRIDGE STREET**
 CITY-ST-ZIP **FOSTER CITY CA 94404**

TITLE **Chief Financial Officer** ☒ Change ☒ Addition
 NAME **Hansen, Scott J.**
 STREET ADDRESS **16 Rice Street**
 CITY-ST-ZIP **Wellesley, MA 02481**

TITLE **CEO** ☐ Delete
 NAME **ROBINSON, TODD A.**
 STREET ADDRESS **25 HUCKLEBERRY HILL**
 CITY-ST-ZIP **LINCOLN MA 01773**

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

TITLE **MS** ☐ Delete
 NAME **BROWN, STEPHANIE L**
 STREET ADDRESS **99 REVERE STREET**
 CITY-ST-ZIP **BOSTON MA 02114**

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

TITLE **D** ☐ Delete
 NAME **ROBINSON, RODERICK A.**
 STREET ADDRESS **JUNIPER LANE, ROADSEND**
 CITY-ST-ZIP **UNITY ME 04988**

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Stephanie L. Brown
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Stephanie L. Brown

Secretary

03-12-02
 Date

617-423-3644, 4340
 Daytime Phone #

CR2E034 (9/01)