

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **857141**

1. Entity Name

The First Boston Capital Group, Inc.

**FILED**

02 AUG 16 PM 2:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

11 Madison Avenue

Suite, Apt. #, etc.

c/o CSFB, Inc. Attn: Tax

City & State

New York, NY

Zip  
10010

Country

USA

3. Mailing Address

11 Madison Avenue

Suite, Apt. #, etc.

c/o CSFB, Inc. Attn: Tax

City & State

New York, NY

Zip  
10010

Country

USA

**REINSTATEMENT 99-02**

4. FEI Number

22-2365394

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

City

Tallahassee

FL

Zip Code

32301

**DO NOT WRITE  
IN THIS SPACE**

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

**Brian Courtney  
Asst. V. Pres.**

Signature of 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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

Please See Attachment

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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IN THIS SPACE**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas DeGennaro

7/10/2002 (212) 325-1994

Attachment  
FBI # 22-2365394 292

**ATTACHMENT**  
**The First Boston Capital Group, Inc**  
**Officers & Directors**

Title	D
Name	Pitofsky, William S
Street Address	11 Madison Avenue
City-St-Zip	New York, NY 10010

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Title	S
Name	Russo, Lori M
Street Address	One Madison Avenue
City-St-Zip	New York, NY 10010

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Title	AS
Name	Matty, Rhonda
Street Address	One Madison Avenue
City-St-Zip	New York, NY 10010

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Title	C
Name	Zingalli, Thomas
Street Address	11 Madison Avenue
City-St-Zip	New York, NY 10010

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Title	D
Name	DeGennaro, Thomas
Street Address	11 Madison Avenue
City-St-Zip	New York, NY 10010