2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 19, 2001 8:00 am Secretary of State DOCUMENT # F0000001419 NASD DISPUTE RESOLUTION, INC. -19-2001 90089 043 ***150.00 Principal Place of Business Mailing Address 1735 K STREET, NW 1735 K STREET, NW WASHINGTON DC 20006 WASHINGTON DC 20006 UU049458 2. Principal Place of Business 3. Mailing Address 9509 Kev West Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Attn: Finance/Taxes Applied For City & State City & State 4. FEI Number 52-2187577 Not Applicable Rockville. MD 20850 Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zin Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Delete TITLE FIENBERG, LINDA D NAME NAME STREET ADDRESS 3125 BEECH STREET, N.W. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WASHINGTON DC 20015 ΤĎ ☐ Delete TITLE ☐ Change ☐ Addition TITLE ALLEN, JAMES R NAME NAME STREET ADDRESS 6112 GRANBY ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ROCKVILLE MD 20855** Delete ☐ Change ☐ Addition TITLE TITLE CONLEY, JOAN C NAME NAME BARBARA Z. SWEENEY STREET ADDRESS 9611 CARRIAGE ROAD STREET ADDRESS 1735 K STREET. NW CITY-ST-ZIP KENSINGTON MD 20895 CITY-ST-ZIP WASHINGTON, DC 20006 Delete TITLE Addition ٧P NAME NAME KENNETH L. ANDRICHIK 1735 K STREET, NW. WASHINGTON, DC 20006 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change X Addition NAME GEORGE H. FRIEDMAN STREET ADDRESS STREET ADDRESS 1735 K STREET, NW CITY-ST-ZIP CITY-ST-ZIP WASHINGTON, DC 20006 Delete TITLE D Change Addition NAME NAME JOHN SEXTON STREET ADDRESS STREET ADDRESS 40 WASHINGTON SQUARE, S CITY-ST-ZIP CITY-ST-ZIP NEW YORK, NY 10012

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 a other rice empowered.

SIGNATURE:

James R. Allen

SVP & Treasurer

(240)386-5282

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Officers

C6049458

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