

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #F00000002752

1. Corporation Name

PUTNAM LOVELL SECURITIES INC. (NOW KNOWN AS PUTNAM
LOVELL NBF SECURITIES INC.)

2. Principal Office Address

⁶⁵
~~125~~ EAST 55TH STREET

3. Mailing Office Address

⁶⁵
125 EAST 55 STREET

Suite, Apt. #, etc.

22 ND FLOOR

Suite, Apt. #, etc.

22 ND FLOOR

City & State

NEW YORK, NY

City & State

NEW YORK, NY

Zip

10019

Country

NEW YORK

Zip

10019

Country

NEW YORK

**4. Date Incorporated or Qualified
To Do Business in Florida**

MAY 16, 2000

5. FEI Number

94-4108888

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-03

7. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE COMPANY

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

1201 Hays Street

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

800012785168

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Deborah D. Skipper

Deborah D. Skipper

Asst. V. Pres.

REGISTERED AGENT MUST SIGN

Date ^{Feb}
~~JANUARY~~ 19, 2003

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	SEE SCHEDULE A ATTACHED HERETO.	125 EAST 55 STREET, 22 ND FLOOR	NEW YORK, NY 10019

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Sophie Clermont
SOPHIE CLERMONT

JANUARY 2

(514) 394-8495

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

Putnam Lovell NBF Securities Inc.Officers and Directors

65

125 EAST 55 STREET, 22 FLOOR, NY, NY 10019

Chairman of the Board and Director	G. F. Kyrn Anthony
President and CEO and Director	Donald Putnam
Executive Vice President and Director	Kenneth A. Paterson
Head of Financial Institutions Group	Donald Putnam
Designated Principal/Financial Institutions Group	Ian Brimcome
Designated Principal/Institutional Equity – Trading	Jack Conlon
Designated Principal/Institutional Equity – NSDAQ Trading	Styves Langlois
Designated Principal/Institutional Equity – Sales	Jack Baker
Designated Principal/Institutional Equity – Operations	Barry Klayman
Designated Principal/Research	Jacqueline Reeves
Designated Principal/Client Finance – Equities	William Henson
Designated Principal/Client Finance – Fixed Income	Kenneth A. Paterson
Chief Financial Officer	Alain Legris
Corporate Secretary	Sophie Clermont
Assistant Corporate Secretary	Ava Wolfe
Head of Compliance	Gerhard Wetzel
Chief Compliance Officer	Barbara Kearney



RESUBMIT

Please give original
submission date as file date.

ACCOUNT NO. : 072100000032

REFERENCE : 893976 4320916

AUTHORIZATION

Patricia Pizutto

COST LIMIT : \$ 908.75

ORDER DATE : February 19, 2003

ORDER TIME : 9:53 AM

ORDER NO. : 893976-020

CUSTOMER NO: 4320916

CUSTOMER: Marty Pomerance, Paralegal
Dorsey & Whitney L.l.p.
250 Park Avenue

New York, NY 10177

REINSTATEMENT

RECEIVED
03 FEB 19 PM 12:18
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NAME: PUTNAM LOVELL SECURITIES INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Parramore

EXAMINER'S INITIALS _____