

2002 UNIFORM BUSINESS REPORT (UBR)

U-300404 AB

DOCUMENT # F00000006205

1. Entity Name
NDB CAPITAL MARKETS CORPORATION

APPROVED
AND
FILED

02 AUG -6 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
10 EXCHANGE PLACE CENTRE
JERSEY CITY NJ 07302

Mailing Address
10 EXCHANGE PLACE CENTRE
JERSEY CITY NJ 07302

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
31 West 52nd Street

City & State

Suite, Apt. #, etc.
MS NYC09-0810

City & State
New York, NY

Zip
10019

Country
U.S.A.

4. FEI Number 13-2616318

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name
CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
City Plantation FL Zip Code 33324

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 *Stephen Adamo* STEPHEN ADAMO ASSISTANT SECRETARY
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEUMANN, THOMAS W 10 EXCHANGE PLACE CENTRE JERSEY CITY NJ 07302	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAWATSCH, FRANK 10 EXCHANGE PLACE CENTRE JERSEY CITY NJ 07302	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ISAAC, DENISE 10 EXCHANGE PLACE CENTRE JERSEY CITY NJ 07302	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARINO, RICHARD 10 EXCHANGE PLACE CENTRE JERSEY CITY NJ 07302	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARINO, DENNIS 10 EXCHANGE PLACE CENTRE JERSEY CITY NJ 07302	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mark Cullen 31 W. 52nd St. New York, NY 10019	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Thomas A. Curtis 31 W. 52nd Street New York, NY 10019	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kevin Parker 31 W. 52nd Street New York, NY 10019	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Michael C. Gibb 10 Exchange Place Centre Jersey City, NJ 07302	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT/CFO Clifford I. Goldstein 31 W. 52nd Street New York, NY 10019	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Sonja K. Olsen 31 W. 52nd Street New York, NY 10019	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Sonja K. Olsen* Sonja K. Olsen, Secretary 8/2/02 212-469-0019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)

CT CORPORATION

CORPORATION(S) NAME

NDB Capital Markets Corporation

RECEIVED
02 AUG - 6 PM 2:23
CLARK COUNTY CLERK
TALLAHASSEE, FL 32301

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input checked="" type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

8/6/02

AAM

Order#: 5522942

Ref#: _____

Amount: \$ _____

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615