



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90526 042 ***150.00

DOCUMENT # F00000006205 1. Entity Name NDB CAPITAL MARKETS CORPORATION					
Principal Place of Business 90 HUDSON STREET JERSEY CITY, NJ 07302			Mailing Address 31 WEST 52ND STREET MS NYC09-0810 NEW YORK, NY 10019		
2. Principal Place of Business 60 Wall Street		3. Mailing Address 60 Wall Street		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">54041059</div> 	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. NYC60-4006			
City & State New York, NY		City & State New York, NY			
Zip 10005	Country U.S.A.	Zip 10005	Country U.S.A.	4. FEI Number 13-2616318	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04152004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD FORT LAUDERDALE, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CULLEN, MARK 31 W 52ND ST NEW YORK, NY 10019 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Cullen, Mark 60 Wall Street New York, NY 10005 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURTIS, THOMAS A 31 W 52ND STREET NEW YORK, NY 10019 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Curtis, Thomas A. 60 Wall Street New York, NY 10005 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, KEVIN 31 W 52ND STREET NEW YORK, NY 10019 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Parker, Kevin 60 Wall Street New York, NY 10005 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SILVERSTEIN, MARIE 90 HUDSON STREET JERSEY CITY, NJ 07302 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTCF GOLDSTEIN, CLIFFORD I 31 W 52ND STREET NEW YORK, NY 10019 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTCF Goldstein, Clifford I. 60 Wall Street New York, NY 10005 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OLSEN, SONJA K 31 W 52ND STREET NEW YORK, NY 10019 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Olsen, Sonja K. 60 Wall Street New York, NY 10005 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Sonja K. Olsen</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-23-04 212 250 0019 <small>Date Daytime Phone #</small>		

STATE