## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## F00000006205 **DOCUMENT #**

SIGNATURE:

## NDB CAPITAL MARKETS CORPORATION



## **FILED** Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90189 022 \*\*\*150.00

|  |  |                        |   |              | COO WE  |   |  |                           |                |  |
|--|--|------------------------|---|--------------|---|---|--|---------------------------|----------------|--|
| Principal Place of Business  10 EXCHANGE PALCE CENTRE  JERSEY CITY NJ 07302              |  | 31 WE<br>MS N          | Mailing Address 31 WEST 52ND STREET MS NYC09-0810 NEW YORK NY 10019 |              |   |   |  |                           |                |  |
| 2. Principal Pla   | ace of Business                                | 3. Maili               | ing Address   |              |   |   |  | BIN #BIKI DBKID BIRID IKO |                |  |
| •  | on Street                                      |                        |   |              |   |   |  |                           |                |  |
| Suite, Apt. #  |  | Suite                  | Suite, Apt. #, etc.   |              |   |   | ☐ CHECK HERE IF MAKING CHANGES   |                           |                |  |
|  |  |                        |   |              |   |   |  | 1 1                       | Applied For    |  |
| City & State   | City, NJ                                       | City                   | City & State  |              |   |   | 13-2616318   | <del>  </del>             | Not Applicable |  |
| Zip  | Country  | Zip                    | Zip   |              | Country   |   | 5. Certificate of Status Desired   \$8.75 Additional Fee Required  |                           |                |  |
| 07302  | U.S.A. 6. Name and Address of Cur              | rrent Registere        | Registered Agent  |              |   | 7. Name and Address of New Registered Agent |  |                           |                |  |
|  | Of Hamila and Addition                         |                        | Name  |              |   | <u>"</u>                                    |  |                           |                |  |
| -CORPORATION SERVICE COMPANY CT Corporation System 1201 HAYS STREET 1200 South Pine Isla |  |                        |   | tem<br>land  | Street Address (P.O. Box Number is Not Acceptable)  |   |  |                           |                |  |
|  | - 1  | Road                   |   |              |   |   |  |                           |                |  |
| -TALLAMAS  | <del>OFF TE 323</del> 01'2020                  |                        | ntation, FL 3332  |              | City  | <del></del>                                 |  | FL Zip Co                 | ode            |  |
| 8. The above   | named entity submits this statem               | ent for the purp       | ose of changing its   | registere    | d office or   | registered a                                | agent, or both, in the State of Floric   | la. I am familiar wit     | h, and accept  |  |
| the obligati   | ons of registered agent.                       |                        |   |              |   |   |  |                           | 1              |  |
| SIGNATURE .  | Signature, typed or printed name of registered | agent and title if app | licable. (NOT   | E: Registere | d Agent signatu   | re required wher                            | n reinstating)   | DATE                      |                |  |
|  | LE NOW!!! FEE IS \$150.00                      | , 1                    |   |              | .,  |   |  |                           |                |  |
| After May 1, 2003 Fee will be \$550.00   |  |                        |   |              |   |   | <ol> <li>Election Campaign Finar<br/>Trust Fund Contribution.</li> </ol>   |                           | .00 May Be     |  |
| Make Check   | Payable to Florida Departme                    | ent of State           |   |              |   |   | mast and commodition   |                           |                |  |
| 10.  |  | AND DIRECTO            | RS  | 11.          |   |   | ADDITIONS/CHANGES TO OFFIC   | ERS AND DIRECTO           | DRS IN 11      |  |
| TITLÉ  | D  |                        | ☐ Delete  | TITL         | E   |   |  | ☐ Chang                   | e 🗌 Addition   |  |
| NAME   | CULLEN, MARK                                   |                        |   | NAM          | ME.   |   |  |                           |                |  |
| STREET ADDRESS   |  |                        |   |              | EET ADDRESS   |   |  |                           |                |  |
| CITY-ST-ZIP  | NEW YORK NY 10019                              |                        | C   |              | (-ST-ZIP  | <u>.</u>                                    | <u> </u>   |                           | =              |  |
| TITLE  | D  |                        | ☐ Delete  |              | E   |   | ☐ Change ☐ Ad  |                           | e 🔲 Addition   |  |
| NAME   | CURTIS, THOMAS A                               |                        |   |              | AE .  |   |  |                           |                |  |
| STREET ADDRESS   |  |                        |   |              | EET ADDRESS   |   |  |                           |                |  |
| CITY-ST-ZIP  | NEW YORK NY 10019                              |                        | CIT   |              | Y-ST-ZIP  |   |  |                           | Addition       |  |
| TITLE  | D  | ~- ·-                  | Delete  |              | IITLE TO THE TOTAL PROPERTY OF THE PARTY OF |   | And the second s | Chang                     | e - 🔲 Addition |  |
| NAME   | PARKER, KEVIN                                  |                        |   | NAM          |   |   |  |                           |                |  |
|  | 31 W 52ND STREET                               |                        |   |              | EET ADDRESS<br>Y-ST-ZIP   |   |  |                           |                |  |
| CITY-ST-ZIP  | NEW YORK NY 10019                              |                        |   | ····         | D -   |   | XIX Chang  | ne Addition               |                |  |
| TITLE  | P  |                        | 🔀 Delete  | TITL         |   | P<br>  C                                    | matalm Namia   | ALM Clian                 | je <u> </u>    |  |
| NAME   | GIBB, MICHAEL C                                |                        | NAM   |              | Silverstein, Maria<br>90 Hudson Street  |   |  |                           |                |  |
| STREET ADDRESS   | 10 EXCHANGE PLACE CENTRE                       |                        |   |              |   |   | sey City, NJ 07302   |                           |                |  |
| CITY-ST-ZIP  | JERSEY CITY NJ 07302                           |                        |   |              |   | Jerse                                       | y C1EY, NJ 0/302   |                           | ne Addition    |  |
| TITLE  | VTCF   |                        | ☐ Delete  | TITL<br>NAM  |   |   |  | C. Stigni                 | ,              |  |
| NAME   | GOLDSTEIN, CLIFFORD I                          |                        |   |              | NE<br>REET ADDRESS  |   |  |                           |                |  |
| STREET ADDRESS<br>CITY-ST-ZIP  | 31 W 52ND STREET                               |                        |   |              | Y-ST-ZIP  |   |  |                           |                |  |
|  | NEW YORK NY 10019                              |                        | ☐ Delete  | TITI         | LE  | t   |  | Chang                     | ge 🔲 Addition  |  |
| TITLE  | S CONTA K                                      |                        | □ Delete  | NAI          |   |   |  |                           | Ì              |  |
| NAME<br>STREET ADDRESS   | OLSEN, SONJA K<br>31 w 52ND street             |                        |   |              | REET ADDRESS  |   | • :  |                           | ļ              |  |
| CITY-ST-ZIP  | NEW YORK NY 10019                              |                        |   | CIT          | Y-ST-ZIP  |   |  |                           |                |  |
|  | <b>                                  </b>      |                        |   |              |   |   |  |                           |                |  |

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. Sonja K. Olsen

Secretary

212-469-0019