2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001329

Entity Name: NEMCO BROKERAGE, INC.

FILED May 02, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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360 LEXINGTON AVENUE, FL2 NEW YORK, NY 10017

Current Mailing Address: New Mailing Address:

360 LEXINGTON AVENUE, FL2 C/O NFP, 500 W. MADISON STREET NEW YORK, NY 10017 SUITE 2400

CHICAGO, IL 60661

FEI Number: 22-3698782 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COOPER, STEPHEN
POINT OF AMERICAS I
2100 SOUTH OCEAN LANE
FT. LAUDERDALE, FL 33316 US

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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: LORI M. LIESER 05/02/2008

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

AFFIAFRA AND DIDECTORS

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: PSTD (X) Change () Addition Name: COOPER, STEPHEN A Name: COOPER, STEPHEN A Address: 360 LEXINGTON AVENUE, FL2

City-St-Zip: NEW YORK, NY 10017 City-St-Zip: NEW YORK, NY 10017

Title: V () Delete Title: D (X) Change () Addition Name: WALKER, CYRUS Name: WALKER, CYRUS

Address: 360 LEXINGTON AVENUE, FL2
City-St-Zip: NEW YORK, NY 10017

Address: 360 LEXINGTON AVENUE, FL2
City-St-Zip: NEW YORK, NY 10017

Title: () Delete Title: V () Change (X) Addition

 Name:
 Name:
 LIESER, LORI M

 Address:
 Address:
 500 W. MADISON STREET, SUITE 2400

City-St-Zip: City-St-Zip: CHICAGO, IL 60661

Title: () Delete Title: D () Change (X) Addition

Name:Name:ZUCCARO, ROBERT SAddress:Address:787 SEVENTH AVENUE, 11TH FLOOR

City-St-Zip: City-St-Zip: NEW YORK, NY 10019

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORI M. LIESER V 05/02/2008