## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F03000005287

Entity Name: RYAN BECK MANAGEMENT CO., INC.

FILED Apr 14, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
18 COLUME	•	, FIRST FLOOR		New Fillion	pai i lace oi i	Juaniesa.		
Current Mailing Address:				New Mailing Address:				
Current Maining Address.				New Manning Address.				
220 S. ORANGE AVE. ATTN: ELLEN GIUNTA LIVINGSTON, NJ 070395817				18 COLUMBIA TURNPIKE, FIRST FLOOR FLORHAM PARK, NJ 07932				
FEI Number:	74-3098988	FEI Number Applied For ( )	FEI Num	nber Not Appli	cable ( )	Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
C T 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:								
	Electronic	Signature of Registered Agent	t			Date		
Election Campaign Financing Trust Fund Contribution ( ).								
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	PLOTKIN, BEN A	JRNPIKE, FIRST FLOOR		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition		
Title: Name: Address: City-St-Zip:	D ()E KRUSZEWSKI, F 501 NORTH BRO ST. LOUIS, MO	ADWAY		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition		
Title: Name: Address: City-St-Zip:	D () EZEMLYAK, JAME 501 NORTH BRO ST. LOUIS, MO	ADWAY		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition		
Title: Name: Address: City-St-Zip:	CFO () E CULLEN, THOMA 220 S. ORANGE LIVINGSTON, NJ	S AVE.		Title: Name: Address: City-St-Zip:	CFO (X) CULLEN, THOM ONE SOUTH ST BALTIMORE, MI	REET		
Title: Name: Address: City-St-Zip:	STEGELAND, GA	JRNPIKE, FIRST FLOOR		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition		
Title: Name: Address: City-St-Zip:	ASEC () [ DOMBROWSKI, 220 S ORANGE A LIVINGSTON, NJ	\VE		Title: Name: Address: City-St-Zip:	DOMBROWSKI,	URNPIKE, FIRST FLOOR		

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: GARRETT J DOMBROWSKI ASEC 04/14/2008