2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006570

Entity Name: E*TRADE BROKERAGE SERVICES, INC.

FILED Apr 30, 2009 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:		
135 E. 57TH STREET NEW YORK, NY 10022						
Current Mailing Address:				New Mailing Address:		
671 NORTH GLEBE ROAD 12TH FLOOR, ATTN. SELINA IBARRA ARLINGTON, VA 22203			,	671 NORTH GLEBE ROAD ATTN: DEBORAH ASCHAFFENBURG ARLINGTON, VA 22203		
FEI Number:	umber: 30-0073337 FEI Number Applied For () FEI I		FEI Numb	mber Not Applicable ()		Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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						Date
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	D () [CURCIO, MICHA 135 E. 57TH STR NEW YORK, NY	REET	1	Title: Name: Address: City-St-Zip:	DP (X CURCIO, MICH 135 E. 57TH S' NEW YORK, N	TREET
Title: Name: Address: City-St-Zip:	S () E SHER, LORI 671 NORTH GLE ARLINGTON, VA		1	Title: Name: Address: City-St-Zip:	D (X VIENICK, PAUL 135 E. 57TH S' NEW YORK, N	TREET
Title: Name: Address: City-St-Zip:	CFO () E MULRON, SHANI 905 HIGHLAND F ROSEVILLE, CA	POINT DRIVE	1	Title: Name: Address: City-St-Zip:	D (X MURPHY, MICI 135 E. 57TH S' NEW YORK, N	TREET
Title: Name: Address: City-St-Zip:	1()	Delete	1	Title: Name: Address: City-St-Zip:	MULRON, SHA	POINT DRIVE SUITE 100
Title: Name: Address: City-St-Zip:	1()	Delete	1	Title: Name: Address: City-St-Zip:	S (SHER, LORI 671 NORTH GL ARLINGTON, V	

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 SHER S 04/30/2009