

2006 FOR PROFIT CORPORATION ANNUAL REPORT


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04052006 Chg-P CR2E034 (11/05)

DOCUMENT # F05000001618			
1. Entity Name NF CLEARING, INC.			
Principal Place of Business ONE COMMERCE SQUARE, 2005 MARKET ST PHILADELPHIA, PA 19103		Mailing Address ONE COMMERCE SQUARE, 2005 MARKET ST PHILADELPHIA, PA 19103	
2. Principal Place of Business 82 Devonshire Street		3. Mailing Address 82 Devonshire Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Boston, MA		City & State Boston, MA	
Zip 02109	Country USA	Zip 02109	Country USA
4. FEI Number 23-2257761		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees 400072705524 04/28/06--01027--024 **150.00	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERIAULT, ROBERT H 717 17TH ST DENVER, CO 80202 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Norman R. Malo 82 Devonshire St. Boston, MA 02109 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO KOLLER, WALTER J ONE COMMERCE SQUARE, 2005 MARKET ST PHILADELPHIA, PA 19103 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Gerard McGraw 82 Devonshire St. Boston, MA 02109 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP KOLLER, WALTER J ONE COMMERCE SQUARE, 2005 MARKET ST PHILADELPHIA, PA 19103 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Norman R. Malo 82 Devonshire St. Boston, MA 02109 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP BEALE, ALBERT ONE COMMERCE SQUARE, 2005 MARKET ST PHILADELPHIA, PA 19103 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Susan Sturdy 82 Devonshire St. Boston, MA 02109 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP BONATO, VINCENT D ONE COMMERCE SQUARE, 2005 MARKET ST PHILADELPHIA, PA 19103 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer James O'Neill 82 Devonshire St. Boston, MA 02109 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP D'ANNA, RICHARD ONE COMMERCE SQUARE, 2005 MARKET ST PHILADELPHIA, PA 19103 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4/16/06 <input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Susan Sturdy</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>4/16/06</u> N/A Daytime Phone #	

Susan Sturdy, Assistant Secretary