

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2008 8:00 am
Secretary of State

09-10-2008 90001 031 ***550.00

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1. Entity Name
BROADPOINT CAPITAL, INC.



Principal Place of Business
**677 BROADWAY
ALBANY, NY 12207 US**

Mailing Address
**677 BROADWAY
ALBANY, NY 12207 US**

40115520



08012008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
ONE PENN PLAZA

3. Mailing Address

Suite, Apt. #, etc.
42nd FLOOR

Suite, Apt. #, etc.

City & State
NEW YORK CITY, NY

City & State

Zip
10119

Country
USA

Zip

Country

4. FEI Number
14-1391446

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MCNIERNEY, PETER
STREET ADDRESS ~~680 BROADWAY~~ **ONE PENN PLAZA**
CITY-ST-ZIP ~~ALBANY, NY 12204~~ **NEW YORK, NY 10119**

TITLE EMD ☐ Delete
NAME COBURN, SCOTT
STREET ADDRESS ~~677 BROADWAY~~ **ONE PENN PLAZA**
CITY-ST-ZIP ~~ALBANY, NY 12207~~ **NEW YORK, NY 10119**

TITLE CD ☒ Delete
NAME GIBAS, KEN
STREET ADDRESS 699 BROADWAY
CITY-ST-ZIP LOUDONVILLE, NY 12211

TITLE GMD ☐ Delete
NAME FINE, ROBERT
STREET ADDRESS ~~677 BROADWAY~~ **ONE PENN PLAZA**
CITY-ST-ZIP ~~ALBANY, NY 12207~~ **NEW YORK, NY 10119**

TITLE CFO ☒ Delete
NAME COAD, BRIAN C
STREET ADDRESS 677 BROADWAY
CITY-ST-ZIP ALBANY, NY 12207

TITLE AS ☐ Delete
NAME ARCIERO-CRAIG, PATRICIA
STREET ADDRESS 677 BROADWAY
CITY-ST-ZIP ALBANY, NY 12204

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CHAIRMAN & CEO** ☐ Change ☒ Addition
NAME **LEE FENSTERSTOCK**
STREET ADDRESS **ONE PENN PLAZA**
CITY-ST-ZIP **NEW YORK, N.Y. 10119**

TITLE **CFO** ☐ Change ☒ Addition
NAME **ROBERT TURNER**
STREET ADDRESS **ONE PENN PLAZA**
CITY-ST-ZIP **NEW YORK, N.Y. 10119**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **JEFFREY H. KUBLER - MD, CONTROLLER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/27/08
Date

212-273-7287
Daytime Phone #