


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

09-10-2008 90001 031 ***550.00

DOCUMENT # F93000003456

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



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

3. Mailing Address
 Suite, Apt. #, etc.
42ND FLOOR

08012008 Chg-P CR2E034 (12/06)

City & State
NEW YORK CITY, NY

City & State
 City & State

Zip
10119

Country
USA

Zip
 Zip

Country
 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

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

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 _____
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 NAME STREET ADDRESS CITY-ST-ZIP	PD MCNIERNEY, PETER 680 BROADWAY ONE PENN PLAZA ALBANY, NY 12204 NEW YORK, NY 10119 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EMD COBURN, SCOTT 677 BROADWAY ONE PENN PLAZA ALBANY, NY 12207 NEW YORK, NY 10119 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GIBAS, KEN 699 BROADWAY LOUDONVILLE, NY 12211 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GMD FINE, ROBERT 677 BROADWAY ONE PENN PLAZA ALBANY, NY 12207 NEW YORK, NY 10119 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO COAD, BRIAN C 677 BROADWAY ALBANY, NY 12207 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ARCIERO-CRAIG, PATRICIA 677 BROADWAY ALBANY, NY 12204 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN & CEO LEE FENSTERSTOCK ONE PENN PLAZA NEW YORK, N.Y. 10119 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO ROBERT TURNER ONE PENN PLAZA NEW YORK, N.Y. 10119 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: **JEFFREY H. KUBLER - MD, CONTROLLER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **8/27/08**
 Daytime Phone #: **212-273-7287**