

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000003456

FILED  
Jun 13, 2012  
Secretary of State

**Entity Name:** GLEACHER & COMPANY SECURITIES, INC.

**Current Principal Place of Business:**

1209 AVENUE OF THE AMERICAS  
4TH FLOOR  
NEW YORK, NY 10104 US

**New Principal Place of Business:**

**Current Mailing Address:**

677 BROADWAY  
ALBANY, NY 12207 US

**New Mailing Address:**

**FEI Number:** 14-1391446

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: S  
Name: ARCIERO-CRAIG,, PATRICIA  
Address: 1209 AVENUE OF THE AMERICAS  
City-St-Zip: NEW YORK, NY 10104 US

Title: CFO  
Name: EDMISTON, BRYAN  
Address: 1209 AVENUE OF THE AMERICAS  
City-St-Zip: NEW YORK, NY 10104 US

Title: CEO  
Name: GRIFF, JOHN  
Address: 1209 AVENUE OF THE AMERICAS  
City-St-Zip: NEW YORK, NY 10104 US

Title: D  
Name: HUGHES, THOMAS  
Address: 1209 AVENUE OF THE AMERICAS  
City-St-Zip: NEW YORK, NY 10104 US

Title: D  
Name: GLEACHER, ERIC  
Address: 1209 AVENUE OF THE AMERICAS  
City-St-Zip: NEW YORK, NY 10104 US

I hereby 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 all other like empowered.

SIGNATURE: ERIC GLEACHER

D

06/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date