

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Apr 28 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000003973 (2)

1. Corporation Name
BEAR, STEARNS N.Y., INC.



Principal Place of Business 115 S. JEFFERSON RD. WHIPPANY NJ 07981	Mailing Address 115 S. JEFFERSON RD. WHIPPANY NJ 07981-1029
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3. Date Incorporated or Qualified 08/05/1996	3a. Date of Last Report
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 13-3261713	Applied For Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent's signature required when reinstating.) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PDC	<input type="checkbox"/> DELETE
NAME	GEISMAR, BRUCE E	
STREET ADDRESS	245 PARK AVE.	
CITY - ST - ZIP	NEW YORK NY 10167	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MONTGORIS, WILLIAM J	
STREET ADDRESS	245 PARK AVE.	
CITY - ST - ZIP	NEW YORK NY 10167	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WALSH, DANIEL	
STREET ADDRESS	245 PARK AVE.	
CITY - ST - ZIP	NEW YORK NY 10167	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CASEY, KEVIN	
STREET ADDRESS	245 PARK AVE.	
CITY - ST - ZIP	NEW YORK NY 10167	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ARONSON, RAYMOND L	
STREET ADDRESS	245 PARK AVE.	
CITY - ST - ZIP	NEW YORK NY 10167	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	CASEY, FREDERICK B	
STREET ADDRESS	245 PARK AVE.	
CITY - ST - ZIP	NEW YORK NY 10167	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	Asst. Treas.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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***165.00

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

William J. Montgoris Treasurer, Director
 SIGNATURE: _____ DATE: **4-16-97**
 (212) 272-2000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E034 (9/96)