


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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/05/1996	
21		26		4. FEI Number 13-3261713	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code

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 signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEISMAR, BRUCE E	1.2 NAME	
STREET ADDRESS	245 PARK AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10167	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTGORIS, WILLIAM J	2.2 NAME	
STREET ADDRESS	245 PARK AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10167	2.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Vice President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALSH, DANIEL	3.2 NAME	Ronald M. Hersch
STREET ADDRESS	245 PARK AVE.	3.3 STREET ADDRESS	245 Park Avenue
CITY-ST-ZIP	NEW YORK NY 10167	3.4 CITY-ST-ZIP	New York, NY 10167
TITLE	AT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Vice President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASEY, KEVIN	4.2 NAME	Eli Wachtel
STREET ADDRESS	245 PARK AVE.	4.3 STREET ADDRESS	245 Park Avenue
CITY-ST-ZIP	NEW YORK NY 10167	4.4 CITY-ST-ZIP	New York, NY 10167
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARONSON, RAYMOND L	5.2 NAME	
STREET ADDRESS	245 PARK AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10167	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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.

CP2E034 (10/97)