

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90166 039 ***150.00

DOCUMENT # F96000003973
1. Entity Name

Bear Stearns N.Y., Inc. ✓

Principal Place of Business 245 Park Avenue
 New York, NY 10167
Mailing Address 115 S. Jefferson Rd.,
 Whippany, NJ 07981
 Attn: Nancy Lopez

C0060362

2. Principal Place of Business 245 Park Avenue
 Suite, Apt. #, etc.
3. Mailing Address 115 S. Jefferson Rd.,
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State New York, NY **City & State** Whippany, NJ
4. FEI Number 13-3261713 **Applied For**
 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent Ct Corporation System
 1200 South Pine Island Road,
 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.

SIGNATURE _____ **DATE** _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when registering)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)
10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Director Geismar, Bruce E. 245 Park Avenue New York, NY 10167 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer, Director Molinaro Jr., Samuel L. 245 Park Avenue New York, NY 10167 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Vice President Lehman, Mark E. 245 Park Avenue New York, NY 10167 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Vice President Lehman, Mark E. 245 Park Avenue New York, NY 10167 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President, Director Hersch, Ronald M. 245 Park Avenue New York, NY 10167 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Aronson, Raymond L. One Metrotech Ctr. N. Brooklyn, NY 11201 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President, Director Wachtel, Eli 245 Park Avenue New York, NY 10167 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 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 507, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Raymond L. Aronson** 04/26/01 (212) 272-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Calling Phone #

CRZE034 (11/00)