

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State
 05-10-2002 90014 037 ***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**

2. Principal Place of Business
383 Madison Avenue

3. Mailing Address
 Suite, Apt. #, etc.

City & State
New York, NY

City & State
 City & State

Zip
10179

Country

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
**C T 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

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	PD GEISMAR, BRUCE E 245 PARK AVE. NEW YORK NY 10167 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 383 Madison Avenue New York, NY 10179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOLINARO, SAMUEL L JR 245 PARK AVENUE NEW YORK NY 10167 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 383 Madison Avenue New York, NY 10179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HERSCH, RONALD M 245 PARK AVE. NEW YORK NY 10167 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 383 Madison Avenue New York, NY 10179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WACHTEL, ELI 245 PARK AVE. NEW YORK NY 10167 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 383 Madison Avenue New York, NY 10179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARONSON, RAYMOND L ONE METROTECH CTR. NORTH 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition -EVP Mark E. Lehman 383 Madison Avenue New York, NY 10179

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 607, 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 **04/30/02 (212) 272-2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)