

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90153 025 \*\*\*150.00

**DOCUMENT # F96000003973**

1. Entity Name  
**BEAR, STEARNS N.Y., INC.**



Principal Place of Business  
**383 MADISON AVE.  
NEW YORK, NY 10179-0024**

Mailing Address  
**115 S. JEFFERSON RD.  
WHIPPANY, NJ 07981**

**60031926**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04102008

Chg-P

CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME GEISMAR, BRUCE E  
STREET ADDRESS 383 MADISON AVE.  
CITY-ST-ZIP NEW YORK, NY 10179

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME MOLINARO, SAMUEL L JR  
STREET ADDRESS 383 MADISON AVE.  
CITY-ST-ZIP NEW YORK, NY 10179

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☒ Delete  
NAME HERSCH, RONALD M  
STREET ADDRESS 383 MADISON AVE.  
CITY-ST-ZIP NEW YORK, NY 10179

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☐ Delete  
NAME WACHTEL, ELI  
STREET ADDRESS 383 MADISON AVE.  
CITY-ST-ZIP NEW YORK, NY 10179

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME LIPMAN, JEFFREY M  
STREET ADDRESS ~~383 MADISON AVENUE~~  
CITY-ST-ZIP ~~NEW YORK, NY 101790024~~

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 320 Park Avenue,  
CITY-ST-ZIP New York, NY 10022

TITLE EVP ☐ Delete  
NAME SOLENDER, MICHAEL S  
STREET ADDRESS 383 MADISON AVENUE  
CITY-ST-ZIP NEW YORK, NY 101790024

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

(212) 272-2000

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jeffrey M. Lipman, Secretary** 04/17/2008

Date

Daytime Phone #