2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003973

Entity Name: BEAR, STEARNS N.Y., INC.

FILED Apr 08, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 383 MADISON AVE. 383 MADISON AVE NEW YORK, NY 101790024 NEW YORK, NY 101790024 US **Current Mailing Address: New Mailing Address:** 115 S. JEFFERSON RD. 4 CHASE METROTECH CENTER WHIPPANY, NJ 07981 BROOKLYN, NY 10017 FEI Number: 13-3261713 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition GEISMAR, BRUCE E **JEFFREY** Name: Name: 383 MADISON AVE. 270 PARK AVE Address: Address: City-St-Zip: NEW YORK, NY 10179 City-St-Zip: NEW YORK, NY 10017 US (X) Delete Title: Title: () Change () Addition Name: MOLINARO, SAMUEL L JR Name: 383 MADISON AVE. Address: Address: NEW YORK, NY 10179 City-St-Zip: City-St-Zip: Title: VPD (X) Delete Title: () Change () Addition WACHTEL, ELI Name: Name: 383 MADISON AVE Address: Address: City-St-Zip: NEW YORK, NY 10179 City-St-Zip: Title: (X) Delete Title: () Change () Addition LIPMAN, JEFFREY M Name: Name: Address: 320 PARK AVE Address: City-St-Zip: NEW YORK, NY 10022 City-St-Zip: Title: (X) Delete Title: () Change () Addition SOLENDER, MICHAEL S Name: Name: 383 MADISON AVENUE Address: Address: City-St-Zip: NEW YORK, NY 101790024 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY LIPMAN S 04/08/2009