

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90131 012 \*\*\*150.00

0616471 AT

**DOCUMENT # F96000003973**

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



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

Mailing Address  
**115 S. JEFFERSON RD.  
WHIPPANY NJ 07961**

**11029539**



2. Principal Place of Business  
**383 Madison Avenue**

3. Mailing Address  
**115 S. Jefferson Rd., Bldg C-2**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**New York, NY**

City & State  
**Whippany, NJ**

4. FEI Number **13-3261713**

Applied For  
Not Applicable

Zip  
**10179-0024**

Country  
**U.S.A.**

Zip  
**07981**

Country  
**U.S.A.**

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, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD GEISMAR, BRUCE E 383 MADISON AVE. NEW YORK NY 10179</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD MOLINARO, SAMUEL L JR 383 MADISON AVE. NEW YORK NY 10179</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD HERSCH, RONALD M 383 MADISON AVE. NEW YORK NY 10179</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD WACHTEL, ELI 383 MADISON AVE. NEW YORK NY 10179</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S ARONSON, RAYMOND L ONE METROTECH CTR. NORTH BROOKLYN NY 11201</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP LEHMAN, MARK E 383 MADISON AVE. NEW YORK NY 10179</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>SEE ATTACHED LIST FOR ADDITIONAL OFFICERS AND DIRECTORS</b>	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**RAYMOND L. ARONSON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/11/03**  
Date

**(212)272-2000**  
Daytime Phone #

CR2E034 (10/02)

**Bear Stearns N.Y., Inc.**  
Officers and Directors

April 10, 2003

Attachment F960000023973-11089539

NAME	TITLE	CORPORATE ADDRESS
Bruce E. Geismar	President / <b>Director</b>	One Metrotech Center North Brooklyn, NY 11201
Marshall J Levinson	Controller	One Metrotech Center North Brooklyn, NY 11201
Mark E. Lehman	Executive Vice President	383 Madison Avenue, New York, NY 10179-0024
Ronald M. Hersch	Vice President / <b>Director</b>	383 Madison Avenue, New York, NY 10179-0024
Eli Wachtel	Vice President / <b>Director</b>	383 Madison Avenue, New York, NY 10179-0024
Raymond L. Aronson	Secretary	One Metrotech Center North Brooklyn, NY 11201
Samuel L. Molinaro Jr.	Treasurer / <b>Director</b>	383 Madison Avenue, New York, NY 10179-0024
Jeffrey M. Farber	Assistant Controller	One Metrotech Center North Brooklyn, NY 11201
Glenn V. Herman	Tax Director	One Metrotech Center North Brooklyn, NY 11201