

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000000958

FILED
Apr 22, 2008
Secretary of State

Entity Name: RIDGE CLEARING & OUTSOURCING SOLUTIONS, INC.

Current Principal Place of Business:

2 JOURNAL SQUARE
JERSEY CITY, NJ 07306

New Principal Place of Business:

2 JOURNAL SQUARE
ATT: TAX DEPT
JERSEY CITY, NJ 07306

Current Mailing Address:

2 JOURNAL SQUARE
JERSEY CITY, NJ 07306

New Mailing Address:

2 JOURNAL SQUARE
ATT: TAX DEPT
JERSEY CITY, NJ 07306

FEI Number: 13-2967453

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: BARRA, JOSEPH
Address: 2 JOURNAL SQUARE
City-St-Zip: JERSEY CITY, NJ 07306 US

Title: S () Delete
Name: BEHAR, ADAM
Address: 2 JOURNAL SQUARE
City-St-Zip: JERSEY CITY, NJ 07306

Title: AS () Delete
Name: LISA, DAVID
Address: 2 JOURNAL SQUARE
City-St-Zip: JERSEY CITY, NJ 07306

Title: AS () Delete
Name: SHARMA, SHALINI
Address: 2 JOURNAL SQUARE
City-St-Zip: JERSEY CITY, NJ 07306

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AS () Change (X) Addition
Name: SPATHAKIS, ANDREW
Address: 2 JOURNAL SQUARE
City-St-Zip: JERSEY CITY, NJ 07306

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: ANDREW SPATHAKIS

AS

04/22/2008

Electronic Signature of Signing Officer or Director

Date