

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001237

1. Entity Name

STANDARD NEW YORK SECURITIES, INC.

FILED
Sep 21, 2001 8:00 am
Secretary of State

09-21-2001 90008 028 ***750.00

Principal Place of Business
 153 EAST 53RD STREET
 38TH
 NEW YORK NY 10022

Mailing Address
 153 EAST 53RD STREET
 38TH
 NEW YORK NY 10022



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 13-3740371

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

OLIN, KEITH
 MORGAN, LEWIS & BOCKIUS, LLP
 200 S. BISCAYNE BLVD., #5300 1ST UNION FIN
 MIAMI FL 33131-2339

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

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

(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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	P SCLATER-BOOTH, NEIL L 153 EAST 53RD STREET, 38TH FLOOR NEW YORK NY 10022	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PRINSLOO, PIETER CANNON BRIDGE HOUSE, 25 DOWNGATE HILL LONDON, ENGLAND EC4R 2SB	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'CONNOR, SEAN 153 EAST 53RD STREET, 38TH FLOOR NEW YORK CITY NY 10022	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior Vice President HARRIS, ALBERT 153 EAST 53RD STREET NEW YORK, N.Y. 10022	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior Vice President WALLIN, PETER 1001 BRICKELL BAY PLAZA MIAMI, FLORIDA 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President BANKS, JAMES 153 EAST 53RD STREET NEW YORK, N.Y. 10022	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT MAXIMILIANO, VALENTINA 1001 BRICKELL BAY PLAZA MIAMI, FLORIDA 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Head of Capital Markets KIERAN 153 EAST 53RD STREET NEW YORK, N.Y. 10022	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR VICE PRESIDENT SEPTON, BRIAN 153 EAST 53RD STREET NEW YORK, N.Y. 10022	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT CARPENTER, MICHAEL 153 EAST 53RD STREET NEW YORK, N.Y. 10022	<input type="checkbox"/> Change <input checked="" 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

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:

(Signature)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/17/01 20-407-5000
 Date Daytime Phone #

1800001 AV

CR2E034 (5/01)