2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004
Secretary of State

DOCUMENT# F98000001237

Entity Name: STANDARD NEW YORK SECURITIES, INC.

Current Principal Place of Business:

320 PARK AVENUE, 19TH FLOOR
NEW YORK, NY 10022

New Principal Place of Business:

Current Mailing Address:

320 PARK AVENUE, 19TH FLOOR
NEW YORK, NY 10022

New Mailing Address:

FEI Number: 13-3740371 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SEPHTON, BRIAN
1001 BRICKELL BAY DRIVE, #3200
MIAMI, FL 33131 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: V ( ) Delete
Name: WALLIN, PETER
Address: 1001 BRICKELL BAY DRIVE SUITE 3200
City-St-Zip: MIAMI, FL 33131

Title: V ( ) Delete
Name: JAY, EVAN
Address: 320 PARK AVENUE, 19TH FLOOR
City-St-Zip: NEW YORK, NY 10022

Title: DVS ( ) Delete
Name: MAARTENS, ALBERTUS
Address: 320 PARK AVENUE, 19TH FLOOR
City-St-Zip: NEW YORK, NY 10022

Title: P ( ) Delete
Name: FIELDS, BRUCE
Address: 320 PARK AVENUE, 19TH FLOOR
City-St-Zip: NEW YORK, NY 10022

Title: V ( ) Delete
Name: SEPHTON, BRIAN
Address: 1001 BRICKELL BAY DRIVE, STE. 3200
City-St-Zip: MIAMI, FL 33131

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALBERTUS MAARTENS DVS 04/07/2004

Electronic Signature of Signing Officer or Director Date