

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
 05-15-2002 90036 013 ***150.00

DOCUMENT # F99000000962

1. Entity Name
NASDAQ TOOLS, INC.

Principal Place of Business

**15 EXCHANGE PLACE
 STE. 320
 JERSEY CITY NJ 07302**

Mailing Address

**9509 KEY WEST AVENUE
 ATTN: FINANCE DEPT.
 ROCKVILLE MD 20850**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

4 Times Square

Suite, Apt. #, etc.

City & State

New York, NY

10036

Country

USA

4. FEI Number

13-3954435

Applied For

Not Applicable

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

**CT CORPORATION SYSTEM
 C/O CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 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.

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 \$150.00
 After May 1, 2002 Fee will be \$550.00
 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	PD	<input type="checkbox"/> Delete
NAME	TURYNSKY, BODHAN	
STREET ADDRESS	15 EXCHANGE PLACE, STE. 320	
CITY-ST-ZIP	JERSEY CITY NJ 07302	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	SHAH, DEEPAK	
STREET ADDRESS	15 EXCHANGE PLACE, STE. 320	
CITY-ST-ZIP	JERSEY CITY NJ 07302	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	MELAMED, ALEXANDER	
STREET ADDRESS	15 EXCHANGE PLACE, STE. 320	
CITY-ST-ZIP	JERSEY CITY NJ 07302	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Swanstrom; Stacie	
STREET ADDRESS	15 Exchange Place, Suite 320	
CITY-ST-ZIP	Jersey City, NJ 07302	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Broka, Sherman W.	
STREET ADDRESS	1735 K Street, N.W.	
CITY-ST-ZIP	Washington, DC 20006	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Stacie Swanstrom* **Stacie Swanstrom**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02

Date

Daytime Phone #

CR2E034 (9/01)