## `2001 UNIFORM BUSINESS REPORT (UBR)

## Feb 28, 2001 8:00 am DOCUMENT # F9900005150 Secretary of State 1. Entity Name WALL STREET CONCEPTS INC. 02-28-2001 90121 022 \*\*\*150.00 Principal Place of Business Mailing Address 90 BROAD STREET, 15TH FLOOR 601 SECOND AVE SOUTH NEW YORK CITY NY 10004 HOPKINS MN 55343 116128679 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 13-3977917 Not Applicable Zip Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code F 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) ☐ Addition Delete Change TITLE TITLE SCOTT, WILLIAM E NAME NAME STREET ADDRESS 90 BROAD STREET, 15TH FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK CITY NY 10004** Delete TITLE ☐ Change ☐ Addition TITLE NAME WOLK, ARTHUR NAME STREET ADDRESS 90 BROAD STREET, 15TH FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK CITY NY 10004** ☐ Delete Change ☐ Addition TITI F GROSS, LAWRENCE A NAME NAME STREET ADDRESS 1285 DRUMMERS LANE STREET ADDRESS CITY-ST-ZIP WAYNE PA 19087 CITY-ST-ZIP CON ☐ Change Addition TITLE ☐ Delete MCGURRAN, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS **601 SECOND AVENUE SOUTH** CITY-ST-ZIP CITY-ST-ZIP HOPKINS MN 55343 TITLE ☐ Delete TITLE ☐ Change Addition RUANE, MICHAEL J NAME NAME STREET ADDRESS STREET ADDRESS 1285 DRUMMERS LANE CITY-ST-ZIP CITY-ST-ZIF **WAYNE PA 19087** CF0 TITLE ☐ Delete TITLE ☐ Change Addition VADER, SUSAN NAME NAME STREET ADDRESS STREET ADDRESS 601 SECOND AVE SOUTH CITY-ST-ZIP CITY-ST-ZIP HOPKINS MN 55343

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. 952-935-3300

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Date

Daytime Phone #