

2001 UNIFORM BUSINESS REPORT (UBR)

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

03-21-2001 90062 027 ***150.00

DOCUMENT # J39171

1. Entity Name
INTEGRATED CLEARING SOLUTIONS INC.

| | |
|---|---|
| Principal Place of Business 2235 GLENWOOD RD BROOKLYN NY 11210 US | Mailing Address 2235 GLENWOOD RD BROOKLYN NY 11210 US |
|---|---|

LUUJ0064



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business 40 Wall Street | 3. Mailing Address 40 Wall Street |
| Suite, Apt. #, etc. 28th Floor | Suite, Apt. #, etc. 28th Floor |

| | | | |
|------------------------------------|------------------------------------|--|--|
| City & State New York NY | City & State New York NY | 4. FEI Number 13-3447969 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 10005-1302 | Country USA | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent
**MONTANUS, J
 5800 SAN AMARO DRIVE
 CORAL GABLES FL 33146**

7. Name and Address of New Registered Agent
 Name **CT CORPORATION SYSTEMS**
 Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD
 City **PLANTATION** FL Zip Code **33324**

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 DATE **3-14-2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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, 2001 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 | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PC GRAYER, STEPHEN B 2235 GLENWOOD DR BROOKLYN NY 11210 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (C) CEO Peter ALFRED WIGGER 11 TRANSVERSE ROAD GARDEN CITY, NEW YORK 11530 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (S) SECRETARY LINDA JILL MALIN 128 East 7th St NEW YORK, NY 10021 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (F) TREASURER Joseph MARIO RAMOS, JR 35 ABBEY ROAD MANHASSET NY 11030 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MDIRECTOR ROBERT FRANKLIN MALIN 40 WALL ST 28FL NEW YORK, NY | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MSDIRECTOR STEVEN E MALIN 128 East 7th St NEW YORK, NY 10021 | <input type="checkbox"/> Change <input checked="" 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: DATE **3-14-2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)