

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90006 014 *****50.00

DOCUMENT # M00000002129

1. Entity Name

ABN AMRO ROTHSCCHILD LLC

Principal Place of Business

**1290 AVENUE OF THE AMERICAS
 NEW YORK NY 10104**

Mailing Address

**1290 AVENUE OF THE AMERICAS
 NEW YORK NY 10104**

80036437



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

55 E. 52nd St
 Suite, Apt. #, etc.

3. Mailing Address

55 E. 52nd St
 Suite, Apt. #, etc.

City & State

New York, NY

City & State

New York, NY

Zip

10055

Country

US

Zip

10055

Country

US

4. FEI Number

13-4091057

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRD ERBE, HENRY H III 1290 AVENUE OF THE AMERICAS NEW YORK NY 10104 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEALD, RICHARD P 1290 AVENUE OF THE AMERICAS NEW YORK NY 10104 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YOUNG, ADAM 1290 AVENUE OF THE AMERICAS NEW YORK NY 10104 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WONG, HAROLD 1290 AVENUE OF THE AMERICAS NEW YORK NY 10104 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEARNEY, BARBARA 1290 AVENUE OF THE AMERICAS NEW YORK NY 10104 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 55 E. 52nd St New York, NY 10055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 55 E. 52nd St New York, NY 10055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 55 E. 52nd St. New York, NY 10055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 55 E. 52nd St. New York, NY 10055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition MGRM Condon, Raymond 55 E. 52nd St. New York, NY 10055

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)