| 200 | I CHIFONM BUSI | NEGO REPU | 'DI (U | Phj | • | | | | | |
|--|--|-------------------------------|---------------------|-----------------------|---|--------------------|---------------------------------------|---------------------------------|-------------------------------|--------------|
| DOCUMENT # M0000002522 1. Entity Name | | | | | | • • | e e | | | |
| RYAN, BECK & CO., LLC | | | | | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS | | | | | |
| Principal Place of Business 220 S. Orange AVENUE Livingston NJ 07039 USA Mailing Address — Same | | | | | 01 MAR -7 PM 2: 16 | | | | | |
| Principal Place of Business 3. Malling Address | | | | | | | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | DO NO | | | OT WRITE IN THIS SPACE | | | |
| City & Sta | ite | City & State | | | 4. FEI Nun | nber 22-37 | 62759 | - I | Applied For Not Applicable | , |
| Zìp | Country | Zip | Country | | 5. Certifica | ate of Status Des | ired 🗌 | \$5.00 Ac Fee Requir | | |
| | 6. Name and Address of Current R | | NI- | | 7. Name a | nd Address of I | lew Registered | Agent | |] |
| CT Corporation Syctem | | | | ne | | | | | | |
| CT Corporation System 1200 S. Pine Island Road | | | | et Address (P.0 | O. Box Num | nber is Not Acce | ptable) | | | } |
| Plantation FL 33324 | | | City | · | FL Zip Code | | | | | |
| 8. The above | e named entity submits this statement for | the purpose of changing its | registered offi | e or registered | d agent, or b | ooth, in the State | of Florida. | | | |
| 0/04/47/105 | | | | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent an | d title il applicable. (NOTE | Registered Agent | signature required wh | nen reinstating) | | DATE | | | - |
| ه مستوسیه سختی | | FILE NO | WIII FEE | S \$50.00 | | -900 | 90990 -03/23/01 | 357652 0100 | <u>''</u> : 1017 | * |
| | | Make Check Pay | | | State | | ******5U。 | | ***50.00 | |
| 9. | MANAGING MEMBER | DC/MEMBERS | 10. | | | ADDITI | ONS/CHANGES | ···· | | - |
| TITLE | CBPE | Delete | TITLE | CF0/C | 7A 0 | <u> </u> | ONO/OH/WALL | ☐ Change | Addition | 18 |
| NAME | Ren Plotkin | | NAME | | Stanley | . 4110 | | | | (11) |
| STREET ADDRESS CITY-ST-ZIP | 220 S. Orange Ave Livingston NJ 07039 | | STREET ADDR | 1 2 | • | 60 AVE NIT 0703 | 9 | | | 2E083 (11/00 |
| TITLE | EVP | ☐ Delete | TITLE | EVP C | | M VIO | <u> </u> | ☐ Change | Addition | |
| NAME | Jack Rosenthal | | NAME | lav. | Suskin | d . | | _ , | •— | 0 |
| STREET ADDRESS CITY_ST-ZIP | _Livingston NJ 07039 | | STREET ADOR | 320 | S. oran | ge Are | | | | |
| TITLE | D | Delete | TITLE | Livings | Hon NJ | 4 07034 _ | - | Change | Addition | 1 |
| NAME | Michael M. Horn | 23555 | NAME | Jay 1 | Lupo | | | | | |
| STREET ADDRESS CITY-ST-ZIP | 220 S. Orange Ave Livingston NJ 07039 | | STREET ADDR | 270 | S. Oran | 1 × 100 24 | | | | |
| TITLE | FUP | ☐ Delete | TITLE | Liviv | y san - | <u> </u> | | ☐ Change | Addition | } |
| NAME | matt Naula | | NAME | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | 220 S. Orange Are Livingston NJ 07039 | | STREET ADDR | :SS | | | | | | } |
| TITLE | 7 | ☐ Delete | TITLE | | | - ·· | <u> </u> | ☐ Change | ☐ Addition | 1 |
| NAME OTDEET ADDRESS | Richard B. Neff | • | NAME | | | | | | | |
| STREET ADDRESS CITY-ST-ZIE | 220 S. Orange Ave Livingston NJ 07039 | | STREET ADDR | :55 | | | | | | |
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| NAME (STREET ADDRESS | David Kotok 220 S. orunge Are | | NAME STREET ADDR | ec | | | | | | |
| CITY-ST-ZIP | Livingson NJ 07039 | | CITY-ST-ZIP | .33 | | | | | | |
| indicated | pertify that the information supplied with the on this report is true and accurate and the bility company or the received or trustee e | at my signature shall have th | e same legal | effect as if mad | le under oa | th; that I am a m | ites. I further cer nanaging membe | tify that the i er or manage | nformation er of the | <u></u> |
| • | MX | | | | | | An | 2 491 | 57/0 | |
| SIGNAT | URE: | IGNING MANAGING MEMBER, MANA | GER, OR AUTHOR | IZED REPRESENTA | ITIVE | Date | <u> 97-</u> | 3-3// aytime Phone # | <u> </u> | |