

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M01000002488**

1. Entity Name

STATE STREET CAPITAL MARKETS, LLC**FILED**
Sep 22, 2002 8:00 am
Secretary of State

09-22-2002 90066 006 ****55.00

Principal Place of Business

**225 FRANKLIN STREET
BOSTON MA 02110**

Mailing Address

**225 FRANKLIN STREET
BOSTON MA 02110**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **04-3464336**Applied For
Not Applicable5. Certificate of Status Desired ☒**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STYPUL, BRYAN
311 PARK PLACE BLVD., SUITE 250
CLEARWATER FL 33759**

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. I am familiar with, and accept the obligations of registered agent.

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 September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGR HINDMARSH, F. CHARLES 225 FRANKLIN STREET BOSTON MA 02110	<input type="checkbox"/>		<input type="checkbox"/>
MGR BONN, NICHOLAS J 225 FRANKLIN STREET BOSTON MA 02110	<input type="checkbox"/>		<input type="checkbox"/>
MGR HANSEN, MARK 225 FRANKLIN STREET BOSTON MA 02110	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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

9/10/02 (617) 664-4862
Date Daytime Phone #

CR2E083 (4/02)