2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002814

677 WASHINGTON BLVD.

STAMFORD, CT 06901

Address:

City-St-Zip:

Entity Name: UBS SECURITIES LLC

FILED Apr 23, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 677 WASHINGTON BLVD. STAMFORD, CT 06901 **Current Mailing Address: New Mailing Address:** 677 WASHINGTON BLVD. STAMFORD, CT 06901 FEI Number: 13-3873456 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete WOLF, ROBERT Name: Name: 677 WASHINGTON BLVD. Address: Address: City-St-Zip: STAMFORD, CT 06901 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: DOLAN, REGINA Name: Address: 677 WASHINGTON BLVD. Address: City-St-Zip: STAMFORD, CT 06901 City-St-Zip: Title: MGR () Delete Title: () Change () Addition ODELL, JAMES Name: Name: Address: 677 WASHINGTON BLVD. Address: City-St-Zip: STAMFORD, CT 06901 City-St-Zip: Title: MGR () Delete Title: MGR (X) Change () Addition Name: MOELIS, KENNETH Name: DYRVIK, PER 1999 AVENUE OF THE STARS 677 WASHINGTON BLVD. Address: Address: City-St-Zip: LOS ANGELES, CA 90067 City-St-Zip: STAMFORD, CT 06901 Title: MGR () Delete Title: () Change () Addition RESSEL, TERESA Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Address:

City-St-Zip:

SIGNATURE: JANE E. NUTSON AR 04/23/2007