2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
00 JUN -6 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0013353 AF

DOCUMENT # M96000000479

1. Entity Name
NEUBERGER BERMAN, LLC

Principal Place of Business	Mailing Address
605 THIRD AVENUE - 37TH FLOOR NEW YORK NY 10158-3698	605 THIRD AVENUE - 37TH FLOOR NEW YORK NY 10158-0180

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: 605 3rd Ave. - 3rd Fl.	Suite, Apt. #, etc.: 605 3rd Ave - 3rd Fl.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 13-5521910 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CANTOR, RICHARD A., 605 THIRD AVE., 37TH FLOOR NEW YORK NY 10158-3698	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Neuberger Berman, Inc. c/o Thomas Gengler 605 Third Ave. 3rd floor New York, NY 10158	☑ Change ☐ Addition → MGRM
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	700003297357--3 -06/20/00--01061--017 *****50.00 *****50.00	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 4/27/00 (212) 476-8955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #