

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000884

1. Entity Name

ELECTRONIC TRADING GROUP, L.L.C.

FILED
Jul 17, 2002 8:00 am
Secretary of State

07-17-2002 90138 038 ****55.00

Principal Place of Business

111 BROADWAY, 3RD FLOOR
NEW YORK NY 10006

Mailing Address

111 BROADWAY, 3RD FLOOR
NEW YORK NY 10006

2. Principal Place of Business

900 Third Avenue

Suite, Apt. #, etc.

Suite 200

City & State

New York, NY 10022

Zip

Country

3. Mailing Address

900 Third Avenue

Suite, Apt. #, etc.

Suite 200

City & State

New York, NY 10022

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3802811

Applied For

Not Applicable

5. 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

GRUBER, ANDREW
505 S. FLAGLER DRIVE
#405
WEST PALM BEACH FL 33401

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO KANTER, ROBERT 111 BROADWAY, 3RD FLOOR NEW YORK NY 10006 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 900 Third Avenue New York, NY 10022
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
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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.

GREGG SIAQUINTO, CHIEF OPERATING OFFICER

SIGNATURE:

SIGNATURE REQUIRED

7/12/02

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

Date

Daytime Phone #

CR2E083 (4/02)