

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90057 023 ***150.00

DOCUMENT # P04671

1. Corporation Name

MERRILL LYNCH PROFESSIONAL CLEARING CORP.

Principal Place of Business

101 HUDSON STREET
JERSEY CITY NJ 07302

Mailing Address

101 HUDSON STREET
JERSEY CITY NJ 07302

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/16/1985

4. FEI Number

13-3247006

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CDP	<input type="checkbox"/> DELETE
NAME	YETMAN, GARY E	
STREET ADDRESS	41-A WELLINGTON ROAD	
CITY-ST-ZIP	GARDEN CITY NY 11783	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	MASTRONARDI, STEVEN W	
STREET ADDRESS	2044 WASHINGTON ROAD	
CITY-ST-ZIP	SEAFORD NY 11783	
TITLE	SVD	<input type="checkbox"/> DELETE
NAME	PETTINEO, CHARLES	
STREET ADDRESS	619 VALLEY ROAD	
CITY-ST-ZIP	BRIELLE NJ	
TITLE	SRVD	<input type="checkbox"/> DELETE
NAME	MANGIAFICO, FRANK	
STREET ADDRESS	11 PUDDINGSTONE ROAD	
CITY-ST-ZIP	MORRIS PLAINS NY 07950	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUGHES, THOMAS J	
STREET ADDRESS	191 OVERLOOK DRIVE	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CATALANO, ROMALO	
STREET ADDRESS	36 32 219TH STREET	
CITY-ST-ZIP	BAYSIDE NY 11361	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Catalano, Romolo
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/12/99 600 557-0840

CR2E034 (11/98)