

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90026 006 \*\*\*150.00

**DOCUMENT # P04671**

1. Entity 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**

2. Principal Place of Business

**20 BROAD STREET**

3. Mailing Address

**20 BROAD STREET**

Suite, Apt. #, etc.

**14th floor**

Suite, Apt. #, etc.

**14th floor**

City &amp; State

**New York, NY**

City &amp; State

**New York, NY**4. FEI Number **13-3247006**

Applied For

Not Applicable

Zip

**10005**

Country

**USA**

Zip

**10005**

Country

**USA**5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CDP  
YETMAN, GARY E  
41-A WELLINGTON ROAD  
GARDEN CITY NY 11783** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CFO  
MASTRONARDI, STEVEN W  
2044 WASHINGTON ROAD  
SEAFORD NY 11783** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SVD  
PETTINEO, CHARLES  
619 VALLEY ROAD  
BRIELLE NJ** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SRVD  
MANGIAFICO, FRANK  
11 PUDDINGSTONE ROAD  
MORRIS PLAINS NY 07950** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HUGHES, THOMAS J  
191 OVERLOOK DRIVE  
GREENWICH CT 06830** ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
POLSKY, LISA K.  
652 Hudson St., Apt. 5S  
New York, NY 100014** ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
CATALANO, ROMALO  
36 32 219TH STREET  
BAYSIDE NY 11361** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

13. 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 or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Charles D. Pettineo***Charles D Pettineo* 2/28/01

(212) 558-0843

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)