

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90022 023 ***150.00

DOCUMENT # P08338

1. Entity Name
BT PRIVATE CLIENTS CORP.

Principal Place of Business

**P O BOX 1703
WALL STREET STATION
NEW YORK NY 10268**

Mailing Address

**P O BOX 1703
WALL STREET STATION
NEW YORK NY 10268**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3276234

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 2002 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	D EPPOLITO, NICHOLAS 280 PARK AVE NEW YORK NY 10015	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EPPOLITO, BARBARA 280 PARK AVE NEW YORK NY 10015	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LENNAE, LATESSA 280 PARK AVE NEW YORK NY 10015	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEST, SANDRA 280 PARK AVE NEW YORK NY 10015	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DIGRAZIA, JOE 130 LIBERTY STREET NEW YORK NY 10006	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT MURPHY, ROBERT 280 PARK AVENUE NEW YORK NY 10006	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President and Chairman HOAGLAND, Leigh W 280 PARK AVE NEW YORK, NY 10015	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CUTTLE, ALIAN 280 PARK AVE NEW YORK, NY 10015	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT TREASURER JOSEPH DIGRAZIA 60 WALL STREET NEW YORK, NY 10005	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 the empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/31/02 (202) 602-1414

CR2E034 (9/01)

Attachment #PO 8338/6004378

CORPORATE TAX DEPARTMENT
C/O Corporate Tax Division
PO Box 1703 - Wall Street Station
New York, NY 10268

Viktoriya Yusim, Associate
Telephone: (212) 602-1441

February 4, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Return - 2002 Uniform Business Report
Period - 2002
Entity - BT Private Clients Corp.
E. I. N. - 13-3276234

Gentlemen:

We are enclosing herewith the above-cited return with attachments as indicated below.

Please acknowledge receipt of this letter and enclosures by signing the copy of this letter and returning same in the envelope provided.

If you have any questions regarding this matter, please direct them to the undersigned at the mailing address indicated above.

Very truly yours,

Viktoriya Yusim



attachment # PO 8338/604378

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C/O Corporate Tax Division
PO Box 1703 - Wall Street Station
New York, NY 10268

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