

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2003 8:00 am
Secretary of State

09-15-2003 90159 028 ***550.00

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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

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **13-3276234**

Applied For

☐ Not Applicable

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. 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 \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PC** ☐ Delete
NAME **HOAGLAND, LEIGH W**
STREET ADDRESS **280 PARK AVE**
CITY-ST-ZIP **NEW YORK NY 10015**

TITLE **Director** ☐ Change ☒ Addition
NAME **Nicholas Haigh**
STREET ADDRESS **280 Park Avenue**
CITY-ST-ZIP **New York, NY 10015**

TITLE **D** ☐ Delete
NAME **CUTTLE, ALLAN**
STREET ADDRESS **280 PARK AVE**
CITY-ST-ZIP **NEW YORK NY 10015**

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Adil Antia**
STREET ADDRESS **280 Park Avenue**
CITY-ST-ZIP **New York, NY 10017**

TITLE **T** ☐ Delete
NAME **LENNAE, LATESSA**
STREET ADDRESS **280 PARK AVE**
CITY-ST-ZIP **NEW YORK NY 10015**

TITLE **Director** ☐ Change ☒ Addition
NAME **Peter Sturzing**
STREET ADDRESS **280 Park Avenue**
CITY-ST-ZIP **New York, NY 10017**

TITLE **S** ☐ Delete
NAME **WEST, SANDRA**
STREET ADDRESS **280 PARK AVE**
CITY-ST-ZIP **NEW YORK NY 10015**

TITLE **Director** ☐ Change ☒ Addition
NAME **Cynthia Nestle**
STREET ADDRESS **280 Park Avenue**
CITY-ST-ZIP **New York, NY 10017**

TITLE **AT** ☐ Delete
NAME **DIGRAZIA, JOE**
STREET ADDRESS **60 WALL STREET**
CITY-ST-ZIP **NEW YORK NY 10005**

TITLE **md** ☐ Change ☒ Addition
NAME **Michael Lowengrub**
STREET ADDRESS **280 Park Avenue**
CITY-ST-ZIP **New York, NY 10017**

TITLE **AT** ☐ Delete
NAME **MURPHY, ROBERT**
STREET ADDRESS **280 PARK AVENUE**
CITY-ST-ZIP **NEW YORK NY 10006**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/3/03 (212) 602-2342

CR2E034 (4/03)

attachment

80148423
#P08338

BT Private Clients Corp.
C/O Corporate Tax Division
PO Box 1703 - Wall Street Station
New York, NY 10268

Lisa Grant, Associate
Telephone: (212) 602-2342

September 3, 2003

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

Re: Return: Form UBR
Period: 2003
Entity: BT Private Clients Corp.
FEIN: 13-3276234

Dear Sir or Madam:

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.

Attachments:
Check #:0018105
Dated:09/05/03
Amount: \$550,000

Very truly yours,



Lisa Grant