

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 24 1997 8:00am
Secretary of State

DOCUMENT # P10371

(3)

1. Corporation Name
BEAR, STEARNS & CO., INC.

Principal Place of Business
245 PARK AVE
ATTN: KENNETH EDLOW
NEW YORK NY 10167
US

Mailing Address
115 S. JEFFERSON RD
ATTN: NANCY LOPEZ, COMPLIANCE DEPT
WHIPPANY NJ 07981-1029
US

3. Date Incorporated or Qualified 06/09/1986
3a. Date of Last Report 04/30/1996

4. FEI Number 13-3299429
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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 type of or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	GREENBERG, ALAN C.	
STREET ADDRESS	245 PARK AVE	
CITY - ST - ZIP	NEW YORK NY	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	CAYNE, JAMES E.	
STREET ADDRESS	245 PARK AVE	
CITY - ST - ZIP	NEW YORK NY	
TITLE	DEV	<input checked="" type="checkbox"/> DELETE
NAME	SITES, JOHN C. JR	
STREET ADDRESS	245 PARK AVE	
CITY - ST - ZIP	NEW YORK NY	
TITLE	DEV	<input checked="" type="checkbox"/> DELETE
NAME	TARNOPOL, MICHAEL L.	
STREET ADDRESS	245 PARK AVE	
CITY - ST - ZIP	NEW YORK NY	
TITLE	COF	<input type="checkbox"/> DELETE
NAME	MONTGORIS, WILLIAM J.	
STREET ADDRESS	245 PARK AVE	
CITY - ST - ZIP	NEW YORK NY 10167	
TITLE	KNIG	<input type="checkbox"/> DELETE
NAME	HT, JOHN L	
STREET ADDRESS	ONE CANADA SQUARE	
CITY - ST - ZIP	LONDON, ENGLAND E14 5AD	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	700002156177
23 STREET ADDRESS	-04/28/97--01020--027
24 CITY - ST - ZIP	***165.00
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	PLEASE SEE ATTACHED LIST
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	700002156177
43 STREET ADDRESS	-04/28/97--01020--027
44 CITY - ST - ZIP	***165.00
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	COO
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	D
63 STREET ADDRESS	Knight, John L.
64 CITY - ST - ZIP	One Canada Square London, England E14 5AD

14. I do 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.

SIGNATURE: Samuel L. Molinaro Jr. 7-11-97 (212) 272-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)