

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P93000027711

FILED  
Apr 15, 2003  
Secretary of State

Entity Name: ACORN DERIVATIVES MANAGEMENT CORP.

## Current Principal Place of Business:

29-107 VISTA GARDEN TRAIL  
VERO BEACH, FL 32962

## New Principal Place of Business:

1776 MOORING LINE DRIVE  
#201  
VERO BEACH, FL 32963

## Current Mailing Address:

ONE BARKER AVENUE  
WHITE PLAINS, NY 10601

## New Mailing Address:

50 MAIN STREET  
3RD FLOOR  
WHITE PLAINS, NY 10606

FEI Number: 13-3716440

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MELVIN, WILLIAM O J.R.  
29-107 VISTA GARDEN TRAIL  
VERO BEACH, FL 32962 US

## Name and Address of New Registered Agent:

MELVIN, WILLIAM O J.R.  
1776 MOORING LINE DRIVE  
#201  
VERO BEACH, FL 32963 US

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: ROBERTA G. BOYLE

04/15/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MELVIN, WILLIAM O JR.  
Address: 14 ROCKLEDGE ROAD  
City-St-Zip: SCARBOROUGH MANOR, NY

Title: V ( ) Delete  
Name: BOYLE, ROBERTA G  
Address: 56 MOUNTAINVIEW DRIVE  
City-St-Zip: BROOKFIELD, CT 06804

Title: VS ( ) Delete  
Name: GREELEY, ANDREW  
Address: 786 PALMER ROAD 3-D  
City-St-Zip: BRONXVILLE, NY 10708

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MELVIN, WILLIAM O JR.  
Address: 14 ROCKLEDGE ROAD  
City-St-Zip: SCARBOROUGH MANOR, NY 10510

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VS (X) Change ( ) Addition  
Name: GREELEY, ANDREW  
Address: 382 KING STREET  
City-St-Zip: PORT CHESTER, NY 10573

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERTA G BOYLE

VP

04/15/2003

Electronic Signature of Signing Officer or Director

Date