STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Matthew A. Brown, Secretary of State
Division

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 ***Filing Fee: $50.00***

1. ID No.	2. Exact name of the limited liability company
137541	LEGENT CLEARING LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
DELAWARE	SECURITIES CLEARING BROKER DEALER

5. Principal office address	City	State	Zip
9300 UNDERWOOD AVE STE 400	OMAHA	NE	68114

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
DAVID BRANT	CFO

Street Address	City	State	Zip
9300 UNDERWOOD AVE STE 400	OMAHA	NE	68114

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name	Street Address	City	State	Zip
JEFFREY SIME	9300 UNDERWOOD AVE STE 400	OMAHA	NE	68114

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
CT CORPORATION SYSTEM	10 WEYBOSSET ST	PROVIDENCE	02903

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[redacted]

1-27-06
Signature of Authorized Person *Date*

DAVID BRANT
Print or Type Name of Authorized Person

File Date	3/3/06
Check No.	FNBO 0007502
By:	

FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 12/05