



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Mathew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 129454		2. Exact name of the limited liability company Pershing LLC	
3. State of Formation Delaware		4. Brief description of the character of the business which is actually conducted in Rhode Island Broker/Dealer	
5. Principal office address One Wall Street, 32nd Floor		City New York	State NY
		Zip 10286	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Anthony Zangre		Contact Title Vice President	
Street Address One Wall Street, 32nd Floor		City New York	State NY
		Zip 10286	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. FILL IN SPACES BEFORE USING ATTACHMENTS BOX FOR ATTACHMENTS <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name Richard F. Brueckner		Manager Name Brian A. Ruane	
Street Address One Pershing Plaza		Street Address One Wall Street	
City Jersey City	State NJ	Zip 07399	City New York
			State NY
			Zip 10286
Manager Name Charles E. Rappold		Manager Name Brian T. Shea	
Street Address 1633 Broadway		Street Address One Pershing Plaza	
City New York	State NY	Zip 10286	City Jersey City
			State NJ
			Zip 07399
8. RESIDENT AGENT IN RHODE ISLAND. DO NOT ALTER. Changes require filing of Form 642. R.I.G.L. 7-16-11			
Agent Name Corporation Service Company		Address	
Address 222 Jefferson Boulevard, Suite 200		City Warwick	Zip 02888

This report must be signed in ink by an authorized person pursuant to 7-16-66.



1 2 9 4 5 4

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.

Anthony Zangre 11/10/05
Signature of Authorized Person Date
Anthony Zangre
Print or Type Name of Authorized Person

File Date 11/18/05
Check No. 0000109.94
By: [Signature]
FOR SECRETARY OF STATE USE ONLY



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 129454		2. Exact name of the limited liability company PERSHING LLC			
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island Broker/Dealer			
5. Principal office address 1 Wall Street - 32nd Floor		City New York	State NY	Zip 10286	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Anthony Zangre			Contact Title Vice President		
Street Address 1 Wall Street - 32nd Floor		City New York	State NY	Zip 10286	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name Richard F. Brueckner			Manager Name Brian A. Buane		
Street Address 1 Pershing Plaza		Street Address 1 Wall Street			
City Jersey City	State NJ	Zip 07399	City New York	State NY	Zip 10286
Manager Name Charles E. Bappold			Manager Name Brian T. Shea		
Street Address 1633 Broadway		Street Address 1 Pershing Plaza			
City New York	State NY	Zip 10019	City Jersey City	State NJ	Zip 07399
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 042 - R.I.G.L. 7-16-11					
Agent Name CORPORATION SERVICE COMPANY			Address		
Address 222 JEFFERSON BOULEVARD, SUITE 200		City WARWICK		Zip 02888	

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



* 1 2 9 4 5 4 *

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.

File Date 10/25/04
Check No. 766720824
By: W
FOR SECRETARY OF STATE USE ONLY

Anthony Zangre 10/19/04
Signature of Authorized Person Date
Anthony Zangre
Print or Type Name of Authorized Person