STATE OF NEW YORK
Office of the Attorney General
INVESTOR PROTECTION BUREAU
COMMODITY BROKER-DEALER STATEMENT
(Section 359-e(14) Gen. Bus. Law)

Firm Name_____________________
Principal Office_____________________
Telephone No.______________
Street Address         City     State     Zip

The registrant [  ] does [  ] does not maintain other offices or facilities.
If it does, state where. _________________________________________________
____________________________________________________________________

1. Is registrant now licensed, or otherwise qualified to transact securities or commodities business
in any other state? ..............................  Yes [  ] No [  ]
If "YES" attach list of states.

2. Has registrant, any officer, director, principal, partner, manager, supervisor, 10% or more
   equity holder or any entity in which such individual was a principal ever:

   A. been suspended or expelled from membership in any securities or commodities exchange,
      association of securities or commodities dealers or investment or commodities trading
      advisors or counsel? ..............................  Yes [  ] No [  ]

   B. had a license or registration as a securities or commodity dealer, broker, investment
      advisor, salesperson, futures commission merchant, associated person, commodity
      pool operator or commodity trading advisor denied, suspended, revoked, cancelled or
      refused? ..............................  Yes [  ] No [  ]

   C. been enjoined or restrained by any court or government agency from:

      1. the issuance, sale or offer for sale of securities or commodities? ..........Yes [  ] No [  ]
      2. rendering securities or commodities advice or counsel? ..........Yes [  ] No [  ]
      3. handling or managing trading accounts?.............................Yes [  ] No [  ]
      4. continuing any practices in connection with securities or
         commodities?.. Yes [  ] No [  ]

** Found on the fee receipt you received for your original filing.

Found Fee Enclosed as Follows:                     Please indicate to whom you wish
Commodity Broker-Dealer the fee receipt sent.
Statement........$100.00 ( ) Attorney ( ) Firm

Personal checks not accepted.                      Send remittance to:
Attorney's check, bank check,
check, money order and only, payable
to the NYS Office of the Attorney
General.                                          Investor Protection Bureau
                                                  NYS Office of the Attorney General
                                                  28 Liberty Street, 15th Floor
New York, NY 10005

D. Is any action or proceeding seeking the relief enumerated in A-C presently pending?......
Yes [ ] No [ ]

E. been convicted of any crime?.................. Yes [ ] No [ ]

F. used or been known by any other name?........ Yes [ ] No [ ]

G. been the subject of any professional disciplinary proceeding?.................. Yes [ ] No [ ]

H. been adjudged a bankrupt or made a general assignment for benefit or creditors; been the subject of a receivership or bankruptcy proceeding; been an officer, director, principal, partner, manager, supervisor or any 10% or more equity holder of any entity which was reorganized in bankruptcy, adjudged a bankruptcy or made a general assignment for benefit of creditors?.......................... Yes [ ] No [ ]

I. had a judgment entered against them or it which is presently unsatisfied? (Not including judgment involving domestic relations.)....... Yes [ ] No [ ]

J. been a party in any litigation or administrative proceeding in which it is alleged that they or it committed fraud or otherwise violated any provision of the Martin Act or any other securities or commodities laws?............... Yes [ ] No [ ]

K. if any answer to any of the above "YES", attach statement of full particulars.

3. Does registrant furnish investment advice for compensation?................................. Yes [ ] No [ ]

4. Has registrant sold securities or commodities to the public within the last three years?........ Yes [ ] No [ ]

5. Registrant has been a commodity broker-dealer since _________.

6. If actual control of registrant has changed during past 5 years give in detail the sources of all registrant's capital:

   Amount       Source
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

7. Give the location of each business in which registrant has engaged during the preceding five years.

   From            To
   Mo./Yr       Mo./Yr.                                            Business Location and Nature
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

8. What type of commodities do you sell? (for instance, numismatic coins, precious metals, bullion, precious metals leverage contracts, etc.

   ______________________________________________________
   ______________________________________________________
9. List below all managers and supervisors in the employ of registrant. For each person listed attach a copy of Form CI-1.

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

10. List below the name and position of each officer, director, principal, partner, or any 10% or more equity holder. For each person listed attach a copy of form CI-1.

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

11. List name, residence and nature of employment of all commodity salespersons employed to sell in N.Y. State. These people must file or have on file a N.Y. Form CM-2 (Commodity Salesperson Statement).

Name Address Nature of Employment

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

All changes or amendments to this form must be submitted on N.Y. form CM-3 with a $10 fee. Registration will expire one year from filing. To renew your registration you must refile this form within 30 days of expiration.

DATED:_________________ Signature:________________________________

STATE OF         )
: SS.:               
COUNTY           )

__________________________, being duly sworn, deposes and says that I am the
_________________________ (Title) of Registrant and I signed the above form. I have read the questions
and answers and information supplied, and they are true, accurate and complete

__________________________________________________________________

(Signature of Affiant/Chief
Executive Officer of Registrant)

Sworn to before me this
day of  , 19

(Notary signature and legible official stamp)
(spe)