



NEW YORK STATE DEPARTMENT OF LAW
 INVESTOR PROTECTION BUREAU
 28 Liberty Street, 15th Floor
 New York, NY 10005
 1-800-771-7755 TDD (for hearing impaired)
 1-800-788-9898 www.oag.state.ny.us
BROKER/DEALER STATEMENT
 (Section 359-e General Business Law)

NY FORM M-1

Type of filing:

New/Original

Renewal File Number _____ (Found on fee receipt for original filing)

NOTE: If registrant is applying to sell securities of which it is the issuer, the registrant must file on NY Form M-11, Issuer Statement (IPS M-11).

Broker/Dealer Firm Name _____ Principal Office Address _____

Telephone No. _____ Street Address _____
 City State Zip Code

Branch offices in New York State: Name and Address

1. Is registrant now licensed, or otherwise qualified to transact securities or commodities business in any other state? Yes ___ No ___
 If "Yes", list state(s) _____

2. For the following questions, indicate whether any of the following apply to the registrant, any officer, director or principal or partner. If any answer is "Yes", attach a detailed explanation.

Have any of the persons specified above...

A. ever been suspended or expelled from membership in any securities or commodities exchange, association of securities commodities dealers or investment or commodities trading advisors or council? Yes ___ No ___

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

C. ever 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 ___

D. ever been convicted of any crime? Yes ___ No ___

E. ever used or been known by any other name? Yes ___ No ___

<p>Please indicate where the fee receipt should be sent: <input type="checkbox"/> Attorney <input type="checkbox"/> Broker/Dealer Firm</p> <p>_____ Attorney or Broker/Dealer Firm Name</p> <p>_____ Street Address</p> <p>_____ City State Zip</p>	<p>Filing Fee for Broker-Dealer Statement \$1200.00</p> <p>Make check payable to the NYS Department of Law.</p> <p>Payment by Attorney's check, company check, certified check, bank check or money order only. Personal checks not accepted.</p> <p>Send remittance to: Investor Protection Bureau NYS Department of Law 28 Liberty Street, 15th Floor New York, New York 10005</p>
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3. Does registrant furnish investment advice for compensation? Yes ___ No ___
4. Has registrant sold securities to the public within the last three years? Yes ___ No ___
5. Does registrant meet the net capital requirements as described in NY Gen. Bus. Law Sec.352-k? Yes ___ No ___
 (If at any time you do not meet the net capital requirements, you must notify NYS Department of Law)
6. Are fingerprints on file with any of the following?:
 SEC NASD New York State..... Yes ___ No ___
 N.Y. or other major exchange, indicate which:

7. Registrant has been a securities broker for _____ years.
8. Has actual control of registrant changed during past five years? Yes ___ No ___
 If "Yes", attach a detailed explanation of the sources of all registrant's capital (including amounts from each source).
9. Give nature and location of each business in which registrant has engaged during the preceding five years.
 From (Month/Year) To (Month/Year) Business Location and Nature

10. For each officer, director, principal, or partner, please provide the information requested. If additional space is necessary, please attach additional pages.

10a. Name: _____ Phone: _____
 Title: _____ Date of Birth: _____ Birth Place: _____
 Residence: _____ Social Security #: _____
 Prior home addresses for past five years:

List complete employment and business affiliation record for the past five years. (Indicate periods of self-employment and unemployment. Include all corporations or other entities where individual holds or held a substantial equity or controlling interest.)

From Mo./ Yr.	To Mo./ Yr.	Employer or Business Affiliation		Position Held and Type of Business
		Name	Address	

10b. Name: _____ Phone: _____

Title: _____ Date of Birth: _____ Birth Place: _____

Residence: _____ Social Security #: _____

Prior home addresses for past five years:

List complete employment and business affiliation record for the past five years. (Indicate periods of self-employment and unemployment. Include all corporations or other entities where individual holds or held a substantial equity or controlling interest.)

From Mo. Yr.	To Mo. Yr.	Employer or Business Affiliation Name Address	Position Held and Type of Business

10c. Name: _____ Phone: _____

Title: _____ Date of Birth: _____ Birth Place: _____

Residence: _____ Social Security #: _____

Prior home addresses for past five years:

List complete employment and business affiliation record for the past five years. (Indicate periods of self-employment and unemployment. Include all corporations or other entities where individual holds or held a substantial equity or controlling interest.)

From Mo. Yr.	To Mo. Yr.	Employer or Business Affiliation Name Address	Position Held and Type of Business

10d. Name: _____ Phone: _____
 Title: _____ Date of Birth: _____ Birth Place: _____
 Residence: _____ Social Security #: _____
 Prior home addresses for past five years:

List complete employment and business affiliation record for the past five years. (Indicate periods of self-employment and unemployment. Include all corporations or other entities where individual holds or held a substantial equity or controlling interest.)

From Mo. Yr.	To Mo. Yr.	Employer or Business Affiliation		Position Held and Type of Business
		Name	Address	

11. List name, residence and nature of employment for all account executives, securities salespersons, customer's employees, and registered representatives employed to sell in NY State. These persons must file or have on file a NY Form M-2 or M-4.
 NOTE: NASD member firms who have registered their salespeople through the CRD system do not need to answer this question.

Name Address Nature of Employment

Each of the undersigned, constituting all officers, directors, partners, and controlling principals of the registrant, does hereby state and represent that all statements contained herein are true and correct and each understands that any false statement shall constitute a violation of Article 23-A of the General Business Law. Power of Attorney is not acceptable. Please type or print. Attach additional paper if necessary.

Signature Name and Title Date

To complete this filing a State Notice form must be filed with the NYS Secretary of State. Also, in the case of non-resident brokers, a Consent to Service of Process form must be filed with the Secretary of State. All changes or amendments to this form must be submitted on NY Form M-3 with a fee of \$30.00.