

**STATE OF NEW YORK
OFFICE OF THE STATE COMPTROLLER**

COLLATERAL LOAN BROKER'S SUPPLEMENTAL REGISTRATION STATEMENT

Date: _____

Fee: \$2.50
Make Check Payable to
"Comptroller, State of New York"

Article 5, Section 53 (f) of the General Business Law provides: In the event that after any collateral loan broker shall have filed a "Collateral Loan Broker's Registration Statement", any change shall take place in the personnel of the partners, principals, officers or in the location of the principal, such collateral loan broker shall file a statement with the State Comptroller to be known as a "Collateral Loan Broker's Supplemental Registration Statement".

1. _____
(Print Full Name) (Trade Name)

2. _____
(Street Address of Principal Office) (P.O. Address)

3. _____
(Address of Licensed Premises)

4. _____
(Business Phone Number)

5. Check type of organization:

Individual Partnership Corporation

6. If individual: Answer Number 14.

7. If partnership: Answer Number 14.

8. If corporation: Answer Number 15.

9. _____
(Name and Location of Licensing Body)

10. Date collateral loan broker's license was issued _____

11. Collateral loan broker's license no. _____

12. State whether any other business will be carried on in said premises:

Yes No

13. If "yes", give details _____

14. The following is to be filled in **only by Individual or Partnership Registrant:**

Name (If Partnership, name each Partner)	Residence
_____	_____
_____	_____
_____	_____
_____	_____

The undersigned, each for him/herself, certifies that s/he is the Registrant above named; that s/he knows the contents of the above registration and the statements contained therein and the same are true of his/her own knowledge; that the Registrant will comply with the Rules and Regulations of the Office of the State Comptroller pertaining to collateral loan brokers that are now in force or that may in the future be promulgated.

(Date)

(Signature of Individual or Each Partner)

15. The following questions are to be answered **only by a Corporation Registrant**:

- a. Name of Corporation _____
- b. Was Corporation organized in New York State? Yes No
 - (a) If yes, date Incorporated _____
 - (b) If no, did Corporation obtain Certificate of Authority to do business in this State? Yes No
 - (c) If yes, date of Certificate _____
- c. State principal place of business _____
(Address, City and State)

d. The names and addresses of all officers of Corporation:

Name	Title	Residence	Business Address

THIS CERTIFICATE TO BE SIGNED AND DATED BY A CORPORATION

_____ certifies that s/he is the _____ of the above named Corporation; that he knows the contents of the above registration and the statements and answers therein; that the same are true of his own knowledge; that s/he has been authorized, by order of the Board of Directors of said Corporation to make the statements and answers as contained in this registration; that the registrant will comply with the Rules and Regulations of the Office of the State Comptroller pertaining to collateral loan brokers that are now in force or that may in the future be promulgated.

(Date)

(Signature of Authorized Officer)

Send the completed registration statement and check to:

Director of Financial Administration
Registration for Collateral Loan Broker
Office of the State Comptroller
110 State Street, 13th Floor
Albany, NY 12236