

**FORM ADV****Part II - Page 1****Uniform Application for Investment Adviser Registration****OMB APPROVAL**

OMB Number: 3235-0049  
Expires: July 31, 2008  
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Name of Investment Adviser: R.Seelaus & Co., Inc

Address:	(Number and Street)	(City)	(State)	(Zip Code)	Area Code:	Telephone number:
	25 DeForest Avenue, Ste 102	Summit NJ	07901		(908)	273-3011

**This part of Form ADV gives information about the investment adviser and its business for the use of clients.  
The information has not been approved or verified by any governmental authority.**

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**(Schedules A, B, C, D, and E are included with Part I of this Form, for the use of regulatory bodies, and are not distributed to clients.)**

**Potential persons who are to respond to the collection of information contained in this form  
are not required to respond unless the form displays a currently valid OMB control number.**

**FORM ADV**  
**Part II - Page 2**

Applicant: R. Seelaus & Co., Inc

SEC File Number:  
801-

Date:  
12/31/08

- 1. A. Advisory Services and Fees.** (check the applicable boxes) For each type of service provided, state the approximate % of total advisory billings from that service. (See instruction below.)

**Applicant:**

- |                                     |     |   |     |   |
|-------------------------------------|-----|---|-----|---|
| <input checked="" type="checkbox"/> | (1) | Provides investment supervisory services .....  | 100 | % |
| <input type="checkbox"/>            | (2) | Manages investment advisory accounts not involving investment supervisory services .....  |     | % |
| <input type="checkbox"/>            | (3) | Furnishes investment advice through consultations not included in either service described above ....   |     | % |
| <input type="checkbox"/>            | (4) | Issues periodicals about securities by subscription .....   |     | % |
| <input type="checkbox"/>            | (5) | Issues special reports about securities not included in any service described above .....   |     | % |
| <input type="checkbox"/>            | (6) | Issues, not as part of any service described above, any charts, graphs, formulas, or other devices which clients may use to evaluate securities ..... |     | % |
| <input type="checkbox"/>            | (7) | On more than an occasional basis, furnishes advice to clients on matters not involving securities .....   |     | % |
| <input type="checkbox"/>            | (8) | Provides a timing service .....   |     | % |
| <input type="checkbox"/>            | (9) | Furnishes advice about securities in any manner not described above .....   |     | % |

(Percentages should be based on applicant's last fiscal year. If applicant has not completed its first fiscal year, provide estimates of advisory billings for that year and state that the percentages are estimates.)

- B. Does applicant call any of the services it checked above financial planning or some similar term? . . . . . Yes    No  
☒    ☐

- C. Applicant offers investment advisory services for: (check all that apply)

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> (1) percentage of assets under management | <input type="checkbox"/> (4) Subscription fees |
| <input checked="" type="checkbox"/> (2) Hourly charges                        | <input type="checkbox"/> (5) Commissions       |
| <input type="checkbox"/> (3) Fixed fees (not including subscription fees)     | <input type="checkbox"/> (6) Other             |

- D. For each checked box in A above, describe on Schedule F: See Schedule F attachment at the end

- the services provided, including the name of any publication or report issued by the adviser on a subscription basis or for a fee
- applicant's basic fee schedule, how fees are charged and whether its fees are negotiable
- when compensation is payable, and if compensation is payable before service is provided, how a client may get a refund or may terminate an investment advisory contract before its expiration date

- 2. Types of clients** - Applicant generally provides investment advice to: (check those that apply)

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> A. Individuals           | <input type="checkbox"/> E. Trusts, estates, or charitable organizations                    |
| <input type="checkbox"/> B. Banks or thrift institutions     | <input type="checkbox"/> F. Corporations or business entities other than those listed above |
| <input type="checkbox"/> C. Investment companies             | <input type="checkbox"/> G. Other (describe on Schedule F)                                  |
| <input type="checkbox"/> D. Pension and profit sharing plans |   |

**Answer all items. Complete amended pages in full, circle amended items and file with execution page (page 1).**

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**Part II - Page 3**

Applicant:  
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**3. Types of Investments.** Applicant offers advice on the following: (check those that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> A. Equity securities                                       | <input checked="" type="checkbox"/> H. United States government securities |
| <input checked="" type="checkbox"/> (1) exchange-listed securities                  | <input type="checkbox"/> I. Options contracts on:                          |
| <input checked="" type="checkbox"/> (2) securities traded over-the-counter          | <input checked="" type="checkbox"/> (1) securities                         |
| <input type="checkbox"/> (3) foreign issuers  | <input type="checkbox"/> (2) commodities                                   |
| <input type="checkbox"/> B. Warrants  | <input type="checkbox"/> J. Futures contracts on:                          |
| <input type="checkbox"/> C. Corporate debt securities (other than commercial paper) | <input type="checkbox"/> (1) tangibles                                     |
| <input type="checkbox"/> D. Commercial paper  | <input type="checkbox"/> (2) intangibles                                   |
| <input type="checkbox"/> E. Certificates of deposit                                 | <input type="checkbox"/> K. Interests in partnerships investing in:        |
| <input type="checkbox"/> F. Municipal securities                                    | <input type="checkbox"/> (1) real estate                                   |
| <input type="checkbox"/> G. Investment company securities:                          | <input type="checkbox"/> (2) oil and gas interests                         |
| <input type="checkbox"/> (1) variable life insurance                                | <input type="checkbox"/> (3) other (explain on Schedule F)                 |
| <input type="checkbox"/> (2) variable annuities                                     | <input type="checkbox"/> L. Other (explain on Schedule F)                  |
| <input type="checkbox"/> (3) mutual fund shares                                     |  |

**4. Methods of Analysis, Sources of Information, and Investment Strategies.**

A. Applicant's security analysis methods include: (check those that apply)

- |   |  |
|---|--|
| (1) <input type="checkbox"/> Charting               | (4) <input type="checkbox"/> Cyclical                      |
| (2) <input checked="" type="checkbox"/> Fundamental | (5) <input type="checkbox"/> Other (explain on Schedule F) |
| (3) <input type="checkbox"/> Technical              |  |

B. The main sources of information applicant uses include: (check those that apply)

- |  |   |
|--|---|
| (1) <input checked="" type="checkbox"/> Financial newspapers and magazines | (5) <input type="checkbox"/> Timing services  |
| (2) <input type="checkbox"/> Inspections of corporate activities           | (6) <input checked="" type="checkbox"/> Annual reports, prospectuses, filings with the Securities and Exchange Commission |
| (3) <input type="checkbox"/> Research materials prepared by others         | (7) <input checked="" type="checkbox"/> Company press releases  |
| (4) <input checked="" type="checkbox"/> Corporate rating services          | (8) <input checked="" type="checkbox"/> Other (explain on Schedule F)   |

C. The investment strategies used to implement any investment advice given to clients include: (check those that apply)

- |  |   |
|--|---|
| (1) <input checked="" type="checkbox"/> Long term purchases<br>(securities held at least a year) | (5) <input type="checkbox"/> Margin transactions  |
| (2) <input type="checkbox"/> Short term purchases<br>(securities sold within a year)             | (6) <input checked="" type="checkbox"/> Option writing, including covered options,<br>uncovered options or spreading strategies |
| (3) <input checked="" type="checkbox"/> Trading (securities sold within 30 days)                 | (7) <input type="checkbox"/> Other (explain on Schedule F)  |
| (4) <input type="checkbox"/> Short sales   |   |

**Answer all items. Complete amended pages in full, circle amended items and file with execution page (page 1).**

**FORM ADV**  
**Part II - Page 4**

Applicant:  
R.Seelaus & Co. Inc

SEC File Number:  
801-

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**5. Education and Business Standards.**

Are there any general standards of education or business experience that applicant requires of those involved in determining or giving investment advice to clients? ..... ☒ Yes ☐ No  
(If yes, describe these standards on Schedule F.)

**6. Education and Business Background.**

For:

- each member of the investment committee or group that determines general investment advice to be given to clients, or
- if the applicant has no investment committee or group, each individual who determines general investment advice given to clients (if more than five, respond only for their supervisors)
- each principal executive officer of applicant or each person with similar status or performing similar functions.

On Schedule F, give the:

- name
- year of birth
- formal education after high school
- business background for the preceding five years

**7. Other Business Activities.** (check those that apply)

- ☒ A. Applicant is actively engaged in a business other than giving investment advice.
- ☐ B. Applicant sells products or services other than investment advice to clients.
- ☐ C. The principal business of applicant or its principal executive officers involves something other than providing investment advice.

(For each checked box describe the other activities, including the time spent on them, on Schedule F.)

**8. Other Financial Industry Activities or Affiliations.** (check those that apply)

- ☒ A. Applicant is registered (or has an application pending) as a securities broker-dealer.
- ☐ B. Applicant is registered (or has an application pending) as a futures commission merchant, commodity pool operator or commodity trading adviser.
- C. Applicant has arrangements that are material to its advisory business or its clients with a related person who is a:
- |  |  |
|--|--|
| <input type="checkbox"/> (1) broker-dealer   | <input type="checkbox"/> (7) accounting firm                                       |
| <input type="checkbox"/> (2) investment company  | <input type="checkbox"/> (8) law firm  |
| <input type="checkbox"/> (3) other investment adviser  | <input type="checkbox"/> (9) insurance company or agency                           |
| <input type="checkbox"/> (4) financial planning firm   | <input type="checkbox"/> (10) pension consultant                                   |
| <input type="checkbox"/> (5) commodity pool operator, commodity trading adviser or futures commission merchant | <input type="checkbox"/> (11) real estate broker or dealer                         |
| <input type="checkbox"/> (6) banking or thrift institution   | <input type="checkbox"/> (12) entity that creates or packages limited partnerships |

(For each checked box in C, on Schedule F identify the related person and describe the relationship and the arrangements.)

- D. Is applicant or a related person a general partner in any partnership in which clients are solicited to invest? . . . ☐ Yes ☒ No

(If yes, describe on Schedule F the partnerships and what they invest in.)

**Answer all items. Complete amended pages in full, circle amended items and file with execution page (page 1).**

Applicant:  
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**9. Participation or Interest in Client Transactions.**

Applicant or a related person: (check those that apply)

- ☒ A. As principal, buys securities for itself from or sells securities it owns to any client.
- ☐ B. As broker or agent effects securities transactions for compensation for any client.
- ☐ C. As broker or agent for any person other than a client effects transactions in which client securities are sold to or bought from a brokerage customer.
- ☐ D. Recommends to clients that they buy or sell securities or investment products in which the applicant or a related person has some financial interest.
- ☐ E. Buys or sells for itself securities that it also recommends to clients.

(For each box checked, describe on Schedule F when the applicant or a related person engages in these transactions and what restrictions, internal procedures, or disclosures are used for conflicts of interest in those transactions.)

Describe, on Schedule F, your code of ethics, and state that you will provide a copy of your code of ethics to any client or prospective client upon request.

**10. Conditions for Managing Accounts.** Does the applicant provide investment supervisory services, manage investment advisory accounts or hold itself out as providing financial planning or some similarly termed services *and* impose a minimum dollar value of assets or other conditions for starting or maintaining an account?

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

(If yes, describe on Schedule F)

**11. Review of Accounts.** If applicant provides investment supervisory services, manages investment advisory accounts, or holds itself out as providing financial planning or some similarly termed services:

A. Describe below the reviews and reviewers of the accounts. **For reviews**, include their frequency, different levels, and triggering factors. **For reviewers**, include the number of reviewers, their titles and functions, instructions they receive from applicant on performing reviews, and number of accounts assigned each.

B. Describe below the nature and frequency of regular reports to clients on their accounts.

Monthly brokerage type statement showing all activity and change in Value.

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**Part II - Page 6**

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**12. Investment or Brokerage Discretion.**

A. Does applicant or any related person have authority to determine, without obtaining specific client consent, the:

- |  | Yes                                 | No                                  |
|--|-------------------------------------|-------------------------------------|
| (1) securities to be bought or sold? .....               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (2) amount of the securities to be bought or sold? ..... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (3) broker or dealer to be used? .....                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (4) commission rates paid? .....                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

B. Does applicant or a related person suggest brokers to clients? .....

Yes No  
☐ ☒

For each yes answer to A describe on Schedule F any limitations on the authority. For each yes to A(3), A(4) or B, describe on Schedule F the factors considered in selecting brokers and determining the reasonableness of their commissions. If the value of products, research and services given to the applicant or a related person is a factor, describe:

- the products, research and services
- whether clients may pay commissions higher than those obtainable from other brokers in return for those products and services
- whether research is used to service all of applicant's accounts or just those accounts paying for it; and
- any procedures the applicant used during the last fiscal year to direct client transactions to a particular broker in return for product and research services received.

**13. Additional Compensation.**

Does the applicant or a related person have any arrangements, oral or in writing, where it:

- |   |                                 |   |
|---|---------------------------------|---|
| A. is paid cash by or receives some economic benefit (including commissions, equipment or non-research services) from a non-client in connection with giving advice to clients? ..... | Yes<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |
| B. directly or indirectly compensates any person for client referrals? .....  | Yes<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |

(For each yes, describe the arrangements on Schedule F.)

**14. Balance Sheet.** Applicant must provide a balance sheet for the most recent fiscal year on Schedule G if applicant:

- has custody of client funds or securities (unless applicant is registered or registering only with the Securities and Exchange Commission); or
- requires prepayment of more than \$500 in fees per client and 6 or more months in advance

Has applicant provided a Schedule G balance sheet? .....

Yes No  
☐ ☒

**Schedule F of  
Form ADV**

Continuation Sheet for Form ADV Part II

Applicant:

R.Seelaus & Co., Inc.  
801-

SEC File Number:

Date:

12/31/08

(Do not use this Schedule as a continuation sheet for Form ADV Part I or any other schedules.)

1. Full name of applicant exactly as stated in Item 1A of Part I of Form ADV:		IRS Empl. Ident. No.:
Item of Form (identify)	Answer	

Complete amended pages in full, circle amended items and file with execution page (page 1).

**Schedule G of  
Form ADV  
Balance Sheet**

Applicant:

R. Seelaus & Co., Inc

SEC File Number:

801-

Date:

12/31/08

(Answers in Response to Form ADV Part II Item 14.)

1. Full name of applicant exactly as stated in Item 1A of Part I of Form ADV:	IRS Empl. Ident. No.:
<p style="text-align: center;">Instructions</p> <p>1. The balance sheet must be:</p> <ul style="list-style-type: none"><li>A. Prepared in accordance with generally accepted accounting principles</li><li>B. Audited by an independent public accountant</li><li>C. Accompanied by a note stating the principles used to prepare it, the basis of included securities, and any other explanations required for clarity.</li></ul> <p>2. Securities included at cost should show their market or fair value parenthetically.</p> <p>3. Qualifications and any accompanying independent accountant's report must conform to Article 2 of Regulation S-X (17 CFR 210.2-01 et. seq.).</p> <p>4. Sole proprietor investment advisers:</p> <ul style="list-style-type: none"><li>A. Must show investment advisory business assets and liabilities separate from other business and personal assets and liabilities</li><li>B. May aggregate other business and personal asset and liabilities unless there is an asset deficiency in the total financial position.</li></ul>	

**Complete amended pages in full, circle amended items and file with execution page (page 1).**



**Schedule H of  
Form ADV  
Page 1**

Applicant:

R. Seelaus & Co., Inc

SEC File Number:

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Date:

12/31/08

(for sponsors of wrap fee programs)

Name of wrap fee program or programs described in attached brochure:

1. **Applicability of Schedule.** This Schedule must be completed by applicants that are compensated under a wrap fee program for sponsoring, organizing, or administering the program, or for selecting, or providing advice to clients regarding the selection of, other investment advisers in the program ("sponsors"). A wrap fee program is any program under which a specified fee or fees not based directly upon transactions in a client's account is charged for investment advisory services (which may include portfolio management or advice concerning the selection of other investment advisers) and execution of client transactions.
2. **Use of Schedule.** This Schedule sets forth the information the sponsor must include in the wrap fee brochure it is required to deliver or offer to deliver to clients and prospective clients of its wrap fee programs under Rule 204-3 under the federal Advisers Act and similar rules of jurisdictions. The wrap fee brochure prepared in response to this Schedule must be filed with the Commission and the jurisdictions as part of Form ADV by completing the identifying information on this Schedule and attaching the brochure. Brochures should be prepared separately, not on copies of this Schedule. Any wrap fee brochure filed with the Commission as part of an amendment to Form ADV shall contain in the upper right corner of the cover page the sponsors' registration number (801- ).
3. **General Contents of Brochure.** Unlike Parts I and II of this form, this Schedule is not organized in "check-the-box" format. These instructions, including the requests for information in Item 7 below, should not be repeated in the brochure. Rather, this Schedule describes minimum disclosures that must be made in the brochure to satisfy the sponsor's duty to disclose all material facts about the sponsor and its wrap fee programs. **Nothing in this Schedule relieves the sponsor from any obligation under any provision of the federal Advisers Act or rules thereunder, or other federal or state law to disclose information to its advisory clients or prospective advisory clients not specifically required by this Schedule.**
4. **Multiple Sponsors.** If two or more persons fall within the definition of "sponsor" in Item 1 above for a single wrap fee program, only one such sponsor need complete the Schedule. The sponsors may choose among themselves the sponsor that will complete the Schedule.
5. **Omission of Inapplicable Information.** Any information not specifically required by this Schedule that is included in the brochure should be applicable to clients and prospective clients of the sponsor's wrap fee programs. If the sponsor is required to complete this Schedule with respect to more than one wrap fee program, the sponsor may omit from the brochure furnished to clients and prospective clients of any wrap fee program or programs information required by this Schedule that is not applicable to clients or prospective clients of that wrap fee program or programs. If a sponsor of more than one wrap fee program prepares separate wrap fee brochures for clients of different programs, each brochure must be filed with the Commission and the jurisdictions attached to a separate copy of this Schedule. Each such brochure must state that the sponsor sponsors other wrap fee programs and state how brochures for those programs may be obtained.
6. **Updating.** Sponsors are required to file an amendment to the brochure promptly after any information in the brochure becomes materially inaccurate. Amendments may be made by use of a "sticker", *i.e.*, a supplement affixed to the brochure that indicates what information is being added or updated and states the new or revised information, as long as the resulting brochure is readable. Stickers should be dated and should be incorporated into the text of the brochure when the brochure itself is revised.
7. **Contents of Brochure.** Include in the brochure prepared in response to this Schedule:
  - (a) on the cover page, the sponsor's name, address, telephone number, and the following legend in bold type or some other prominent fashion:  
**This brochure provides clients with information about [name of sponsor] and the [name of program or programs] that should be considered before becoming a client of the [name of program or programs]. This information has not been approved or verified by any governmental authority.**
  - (b) a table of contents reflecting the subject headings in the sponsor's brochure.
  - (c) the amount of the wrap fee charged for each program or, if fees vary according to a schedule established by the sponsor, a table setting forth the fee schedule, whether such fees are negotiable, the portion of the total fee (or the range of such amounts) paid to persons providing advice to clients regarding the purchase or sale of specific securities under the program ("portfolio managers"), and the services provided under each program (including the types of portfolio management services);

**Schedule H of  
Form ADV  
Page 2**

Applicant:  
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- (d) a statement that the program may cost the client more or less than purchasing such services separately and a statement of the factors that bear upon the relative cost of the program (e.g., the cost of the services if provided separately and the trading activity in the client's account);
- (e) if applicable, a statement that the person recommending the program to the client receives compensation as a result of the client's participation in the program, that the amount of this compensation may be more than what the person would receive if the client participated in other programs of the sponsor or paid separately for investment advice, brokerage, and other services, and that the person may therefore have a financial incentive to recommend the wrap fee program over other programs or services;
- (f) a description of the nature of any fees that the client may pay in addition to the wrap fee and the circumstances under which these fees may be paid (including, if applicable, mutual fund expenses and mark-ups, mark-downs, or spreads paid to market makers from whom securities were obtained by the wrap fee broker);
- (g) how the program's portfolio managers are selected and reviewed, the basis upon which portfolio managers are recommended or chosen for particular clients, and the circumstances under which the sponsor will replace or recommend the replacement of the portfolio manager;
- (h) (1) if applicable, a statement to the effect that portfolio manager performance information is not reviewed by the sponsor or a third party and/or that performance information is not calculated on a uniform and consistent basis,
- (2) if performance information is reviewed to determine its accuracy, the name of the party who reviews the information and a brief description of the nature of the review,
- (3) a reference to any standards (i.e., industry standards or standards used solely by the sponsor) under which performance information may be calculated;
- (i) a description of the information about the client that is communicated by the sponsor to the client's portfolio manager, and how often or under what circumstances the sponsor provides updated information about the client to the portfolio manager;
- (j) any restrictions on the ability of clients to contact and consult with portfolio managers;
- (k) in narrative text, the information required by Items 7 and 8 of Part II of this form and, as applicable to clients of the wrap fee program, the information required by Items 2, 5, 6, 9A and C, 10, 11, 13 and 14 of Part II;
- (l) if any practice or relationship disclosed in response to Item 7, 8, 9A, 9C and 13 of Part II presents a conflict between the interests of the sponsor and those of its clients, explain the nature of any such conflict of interest; and
- (m) if the sponsor or its divisions or employees covered under the same investment adviser registration as the sponsor act as portfolio managers for a wrap fee program described in the brochure, a brief, general description of the investments and investment strategies utilized by those portfolio managers.

**8. Organization and Cross References.** Except for the cover page requirements in Item 7(a) above, information contained in the brochure need not follow the order of the items listed in Item 7. However, the brochure should not be organized in such a manner that important information called by the form is obscured.

Set forth below the page(s) of the brochure on which the various disclosures required by Item 7 are provided.

	Page(s)		Page(s)		Page(s)
Item	7(a)	Item	7(f)	Item	7(j)
	cover		#7(g)		#7(k)
	#7(b)		#7(h)		#7(l)
	#7(c)		#7(i)		#7(m)
	#7(d)				
	#7(e)				

Form ADV  
Schedule F

1. (D) The basic fee is 1% of assets under management paid quarterly in advance. The fee is negotiable depending on the size of the account. Smaller or very active accounts will be charged more. Larger accounts will be discounted starting over 2 million. If a client removes account before the end of the quarter the unused fee is returned.

CFP fees based planning is billed at \$225 per hour. Occasionally this fee will be reduced for a long standing brokerage client.

4. (B)(8) Municipal bond research involves direct contact with both the issuer and the trustee of the issue.

5. Advisors are required to be either CFP certified or have passed Series 65 / 66

6. See enclosed U-4 forms (Rich Seelaus, Bernie Garruppo, Mary Parker, and Robert Mitnick)

7. R. Seelaus & Co., Inc is a registered Broker Dealer. R. Seelaus & Co., Inc is the sole owner of RSC Asset Management LLC.

9. See Code of Ethics

10. The minimum account is \$100,000. This is dictated by our cost structure. We will waive this restriction for related accounts of existing clients who have reached the minimum.

11. (A) All accounts are reviewed quarterly as to performance and activity. In addition accounts with 4 or more trades per month are reviewed monthly in an active account review by a firm principal. The accounts will be reviewed by either Richard Seelaus or Bernard Garruppo, each reviewer will have approximately 35 accounts.

11.(B) Each client receives a monthly statement showing all activity in the account if active. If the account has been inactive the client will receive a quarterly statement. Every account will receive an annual statement in addition to a 1099 for tax purposes.

12. (A)(3) RSC will choose the broker for all executions of customer trades. Broker will be chosen based on best execution for the client.

## **CODE OF ETHICS**

- A. All employees are subject to the Firm's Code of Ethics as detailed in R.Seelaus & Co., Inc Personnel Handbook. This handbook incorporates the Policy Manual concerning clients and customers.
- B. New employees are required to acknowledge in writing that they have received and understand the R.Seelaus & Co., Inc Personnel Handbook.
- C. All employees must submit monthly brokerage statements for their accounts, for any accounts in which they have a beneficial interest and for accounts of immediate family members detailing all securities holdings and securities transactions.
- D. All securities transactions are reviewed daily to assure no evidence exists of insider trading or any other improprieties.

R. SEELAUS & CO., INC. & SUBSIDIARY  
CONSOLIDATED STATEMENT OF FINANCIAL CONDITION  
DECEMBER 31, 2008

ASSETS

Cash	\$ 40,642
Receivables from clearing organization	348,873
Securities owned – marketable	3,270,229
Secured demand notes	290,000
Furniture, equipment, and leasehold improvements – net	47,111
Other assets	<u>279,551</u>
	<u>\$4,276,406</u>

LIABILITIES AND STOCKHOLDERS' EQUITY

Liabilities:	
Payables to clearing organization	\$1,156,546
Securities sold, not yet purchased, at market value	743,762
Notes payable	427,498
Accounts payable, accrued expenses and other liabilities	<u>541,533</u>
	2,869,339
Commitments, contingencies and guarantees:	
Subordinated borrowings	290,000
Stockholders' equity:	
Common stock, no par value; 1,000,000 shares authorized, 143,190 shares issued and outstanding, stated at \$ 2.31 per share	330,769
Additional paid-in capital	173,343
Retained earnings	<u>1,191,695</u>
	<u>1,695,807</u>
Less: treasury stock, 22,490 shares at cost	<u>(578,740)</u>
Total stockholders' equity	<u>1,117,067</u>
	<u>\$4,276,406</u>

Details for Request# 4425417  
Report: Snapshot - Individual

Parameter Name	Value
Request by CRD # or SSN:	CRD #
Individual CRD # or SSN	1865303
	837964
	1357573
	500660
Include Personal Information?	Yes
Include All Registrations with Employments:	Both Current and Previous Employments
Include All Registrations for Current and/or Previous Employments with:	All Regulators
Include Professional Designations?	Yes
Include Employment History?	Yes
Include Other Business	Yes
Include Exam Information?	Yes
Include Continuing Education Information?	Yes
Include Filing History?	Yes
Include Current Reportable Disclosure Information?	Yes
Include Regulator Archive and Z Record Information?	Yes
Is this a Pre-Registration Report Request?	No
User Initials	KP

Snapshot - Individual

CRD® or IARD(SM) System Report provided to: 14974 - R. SEELAUS &amp; CO., INC.

Request Submitted: 03/28/2008

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Individual: 500660 - SEELAUS, RICHARD PAUL

Administrative Information:

## Composite Information:

Full Legal Name: SEELAUS, RICHARD PAUL

Year of Birth: 1948

State of Residence: NJ

Current Employing Firm: R. SEELAUS &amp; CO., INC. (14974)

Firm Main Address: 25 DEFOREST AVENUE - SUITE 102  
SUMMIT  
NJ, UNITED STATES  
07901

Firm Mailing Address: 25 DEFOREST AVENUE  
SUMMIT  
NJ, UNITED STATES  
07901

Business Telephone #: 908-273-3011

Independent Contractor: No

## Office of Employment Address:

CRD Branch #	NYSE Branch Code Number	Firm Code	Billing Address	Address Start Date	Address End Date	Address
99042				05/31/2007		10 POST OFFICE SQUARE SUITE 725 BOSTON, MA 02109 UNITED STATES
			Registered Location?	Y	Type of Office:	Located At
99041				05/31/2007		2201 NW CORPORATE BLVD SUITE 101 BOCA RATON, FL 33431 UNITED STATES
			Registered Location?	Y	Type of Office:	Located At

Snapshot - Individual

CRD® or IARD(SM) System Report provided to: 14974 - R. SEELAUS &amp; CO., INC.

Request Submitted: 03/28/2008

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Individual: 500660 - SEELAUS, RICHARD PAUL

Administrative Information:

## Office of Employment Address:

CRD Branch #	NYSE Branch Code Number	Firm Code	Billing Code	Address Start Date	Address End Date	Address
210687		MATN		01/06/2006		25 DEFOREST AVENUE SUITE 102 SUMMIT, NJ 07901 UNITED STATES
	Registered Location?	Y	Type of Office:			Located At
				03/01/1984		25 DEFOREST AVENUE, SUITE 102 SUMMIT, NJ 07901 USA
	Registered Location?	N	Type of Office:			Located At
99043				05/31/2007	01/31/2008	45 S. NEW YORK ROAD SUITE 218 A SMITHVILLE, NJ 08205 UNITED STATES
	Registered Location?	Y	Type of Office:			Located At

Reportable Disclosures?	Yes
Statutorily Disqualification?	CLEAR
Registered With Multiple Firms?	No
Material Difference in Disclosure?	No

## Personal Information:

Individual CRD#:	500660
Other Names Known By:	SEELAUS, RICHARD P
Year of Birth:	1948



Snapshot - Individual

CRD® or IARD(SM) System Report provided to: 14974 - R. SEELAUS &amp; CO., INC.

Request Submitted: 03/28/2008

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Individual: 500660 - SEELAUS, RICHARD PAUL

Administrative Information:

## Registrations with Current Employer(s):

From 03/01/1984 To Present:

R. SEELAUS &amp; CO., INC. (14974)

Regulator	Registration Category	Status Date	Registration Status	Approval Date
AK	AG	12/02/1999	TERMED	11/23/1998
AL	AG	11/23/1998	APPROVED	11/23/1998
AR	AG	05/27/1999	APPROVED	05/27/1999
ARCA	GS	12/16/2004	TERMED	10/08/2004
ARCA	OP	12/16/2004	TERMED	10/08/2004
AZ	AG	11/23/1998	APPROVED	11/23/1998
CA	AG	11/23/1998	APPROVED	11/23/1998
CO	AG	11/23/1998	APPROVED	11/23/1998
CT	AG	09/28/1998	APPROVED	09/28/1998
DE	AG	11/23/1998	APPROVED	11/23/1998
FINRA	FM	06/28/1999	TERMED	06/06/1984
FINRA	OP	11/04/1991	APPROVED	11/04/1991
FINRA	GP	02/10/1988	APPROVED	02/10/1988
FINRA	GS	07/21/1987	APPROVED	07/21/1987
FINRA	FN	06/06/1984	APPROVED	06/06/1984
FINRA	MP	06/06/1984	APPROVED	06/06/1984
FINRA	MR	06/06/1984	APPROVED	06/06/1984
FL	AG	05/10/1991	APPROVED	05/10/1991
IA	AG	11/22/1999	T_NOU5	11/23/1998
TD	AG	11/30/1999	T_NOU5	11/23/1998
IL	AG	08/25/1998	APPROVED	08/25/1998
TN	AG	05/20/2003	APPROVED	05/20/2003
KS	AG	08/15/2006	APPROVED	08/15/2006
KS	AG	12/02/1999	TERMED	03/02/1999
KY	AG	12/01/1999	T_NOU5	11/25/1998
LA	AG	06/14/2006	APPROVED	06/14/2006
LA	AG	12/01/1999	T_NOU5	11/23/1998
MA	AG	03/01/2000	APPROVED	03/01/2000
MA	AG	03/01/2000	APPROVED	03/01/2000
MD	AG	11/23/1998	APPROVED	11/23/1998
MI	AG	08/29/1991	APPROVED	08/29/1991
NC	AG	09/10/2001	APPROVED	09/10/2001

Snapshot - Individual

CRD® or IARD(SM) System Report provided to: 14974 - R. SEELAUS &amp; CO., INC.

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Individual: 500660 - SEELAUS, RICHARD PAUL

Administrative Information:

## Registrations with Current Employer(s) (cont):

Regulator	Registration Category	Status Date	Registration Status	Approval Date
NH	AG	10/29/1998	APPROVED	10/29/1998
NJ	RA	09/26/2006	APPROVED	09/26/2006
NJ	AG	11/23/1998	APPROVED	11/23/1998
NM	AG	08/07/2000	APPROVED	08/07/2000
NM	AG	11/22/1999	T_NOU5	01/06/1999
NV	AG	11/23/1998	APPROVED	11/23/1998
NY	AG	03/03/2000	APPROVED	03/03/2000
OH	AG	09/17/1998	APPROVED	09/17/1998
OR	AG	12/02/1999	TERMED	03/11/1999
PA	AG	01/01/1991	APPROVED	01/01/1991
RT	AG	11/25/1998	APPROVED	11/25/1998
SD	AG	01/30/2008	APPROVED	01/30/2008
SD	AG	12/02/1999	TERMED	02/24/1999
TX	AG	01/04/1999	APPROVED	01/04/1999
UT	AG	11/23/1999	T_NOU5	11/23/1998
VA	AG	11/23/1998	APPROVED	11/23/1998
VT	AG	12/21/2000	APPROVED	12/21/2000
WA	AG	06/03/1994	APPROVED	06/03/1994
WT	AG	11/12/1999	APPROVED	11/12/1999
WV	AG	11/22/1999	T NOU5	11/23/1998

## Professional Designations:

<u>Designation</u>	<u>Designating Authority</u>	<u>First Filing to Include Current Designation</u>	<u>Most Recent Filing to Include Current Designation</u>
Certified Financial Planner	Certified Financial Planner Board of Standards	U4 AMENDMENT 09/20/2006 R. SEELAUS & CO., INC. (14974)	U4 AMENDMENT 09/20/2006 R. SEELAUS & CO., INC. (14974)

Snapshot - Individual

CRD® or IARD(SM) System Report provided to: 14974 - R. SEELAUS & CO., INC.

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Individual: 500660 - SEELAUS, RICHARD PAUL

## Administrative Information:

Employment History:

From 03/1984 To Present:

<b>Name:</b>	R. SEELAUS & CO., INC.
<b>Location:</b>	SUMMIT, NJ
<b>Position:</b>	OTHER - FM
<b>Investment Related:</b>	Yes

## Office of Employment History:

From 03/1984 To Present:

<b>Name:</b>	R. SEELAUS & CO., INC. (14974)
<b>Independent Contractor:</b>	No

## Office of Employment Address:

CRD	NYSE Branch	Firm	Billing	Address	Address
<u>Branch #</u>	<u>Code</u>	<u>Number</u>	<u>Code</u>	<u>Start Date</u>	<u>End Date</u> <u>Address</u>
99042				05/31/2007	10 POST OFFICE SQUARE SUITE 725 BOSTON, MA 02109 UNITED STATES
	Registered Location?	Y	Type of Office:	Located At	
99041				05/31/2007	2201 NW CORPORATE BLVD SUITE 101 BOCA RATON, FL 33431 UNITED STATES
	Registered Location?	Y	Type of Office:	Located At	

Snapshot - Individual

CRD® or IARD(SM) System Report provided to: 14974 - R. SEELAUS &amp; CO., INC.

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Individual: 500660 - SEELAUS, RICHARD PAUL

Administrative Information:

## Office of Employment Address:

CRD Branch #	NYSE Branch Code Number	Firm Code	Billing Address	Address Start Date	Address End Date	Address
210687		MATN		01/06/2006		25 DEFOREST AVENUE SUITE 102 SUMMIT, NJ 07901 UNITED STATES
	Registered Location?	Y	Type of Office:			Located At
				03/01/1984		25 DEFOREST AVENUE, SUITE 102 SUMMIT, NJ 07901 USA
	Registered Location?	N	Type of Office:			Located At
99043				05/31/2007	01/31/2008	45 S. NEW YORK ROAD SUITE 218 A SMITHVILLE, NJ 08205 UNITED STATES
	Registered Location?	Y	Type of Office:			Located At

## Other Business:

&lt;&lt;No Other Business found for this Individual.&gt;&gt;

## Examination Information:

Exam	Status	Status Date	Exam Date	Grade	Score	Window Dates
S24	OFFICIAL_RESULT	02/09/1988	02/09/1988	PASSED	76	-
S4	OFFICIAL_RESULT	11/01/1991	11/01/1991	PASSED	81	-
S52	OFFICIAL_RESULT	01/15/1979	01/15/1979	PASSED	82	-
S53	OFFICIAL_RESULT	05/02/1984	05/02/1984	PASSED	83	-
S54	OFFICIAL_RESULT	04/14/1984	04/14/1984	PASSED	87	-
S63	OFFICIAL_RESULT	12/27/1990	12/27/1990	PASSED	84	-

Snapshot - Individual

CRD® or IARD(SM) System Report provided to: 14974 - R. SEELAUS &amp; CO., INC.

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Individual: 500660 - SEELAUS, RICHARD PAUL

Administrative Information:

## Examination Information (cont):

Exam	Status	Status Date	Exam Date	Grade	Score	Window Dates
S7	OFFICIAL RESULT	07/18/1987	07/18/1987	PASSED	84	-

## CE Regulatory Element Status:

Current CE Status: SATISFIED

CE Base Date: 08/03/2001

## Current CE

&lt;&lt;No Current CE Session Found &gt;&gt;

## Next CE

Requirement Window	Requirement Type	Session
08/03/2009-11/30/2009	Anniversary	201

## CE Directed Sequence History

Source	Type of Penalty	Date of Action	Effective Date	Appeal Status	Decision Date
FTNRA	SEQUENCE	06/19/2001	08/03/2001	-	

## Inactive CE History Dates

&lt;&lt;No Inactive CE History Found for this Individual.&gt;&gt;

## Previous CE Requirement Status

Requirement Type	Status	Previous Window	Session	Status Date	Result
Directed Sequence	SATISFIED	08/03/2001-11/30/2001	201	08/30/2001	08/30/2001-CMPLT
Directed Sequence	REQUITRED	08/03/2001-11/30/2001	201	08/03/2001	08/03/2001-

Snapshot - Individual

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Individual: 500660 - SEELAUS, RICHARD PAUL

Administrative Information:

## Previous CE Requirement Status (cont)

Requirement Type	Status	Previous Window	Session	Status Date	Result
Anniversary	REQUIRED	08/03/2003-11/30/2003	201	08/04/2003	08/04/2003-
Anniversary	SATISFIED	08/03/2003-11/30/2003	201	09/04/2003	09/04/2003- CMPLT
Anniversary	SATISFIED	08/03/2006-11/30/2006	201	09/06/2006	09/06/2006- CMPLT
Anniversary	REQUIRED	08/03/2006-11/30/2006	201	08/03/2006	08/03/2006-

## Filing History:

Filing Date	Form Type	Filing Type	Source
01/30/2008	U4	AMENDMENT	Org CRD# 14974 R. SEELAUS & CO., INC.
09/20/2006	U4	AMENDMENT	Org CRD# 14974 R. SEELAUS & CO., INC.
06/20/2006	U4	AMENDMENT	Org CRD# 14974 R. SEELAUS & CO., INC.
06/08/2006	U4	AMENDMENT	Org CRD# 14974 R. SEELAUS & CO., INC.
12/16/2004	U5	PARTIAL	Org CRD# 14974 R. SEELAUS & CO., INC.
10/08/2004	U4	ADMIN	Org CRD# 14974 R. SEELAUS & CO., INC.
10/08/2004	U4	ADMIN	Org CRD# 14974 R. SEELAUS & CO., INC.
05/29/2003	U6	REGINDVL	FINRA
05/28/2003	U4	AMENDMENT	Org CRD# 14974 R. SEELAUS & CO., INC.
04/01/2003	U4	AMENDMENT	Org CRD# 14974 R. SEELAUS & CO., INC.
03/26/2003	U4	AMENDMENT	Org CRD# 14974 R. SEELAUS & CO., INC.
02/19/2003	U4	AMENDMENT	Org CRD# 14974 R. SEELAUS & CO., INC.

Snapshot - Individual

CRD® or IARD(SM) System Report provided to: 14974 - R. SEELAUS &amp; CO., INC.

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Individual: 500660 - SEELAUS, RICHARD PAUL

## Administrative Information:

## Filing History (cont):

Filing Date	Form Type	Filing Type	Source
09/05/2002	U4	AMENDMENT	Org CRD# 14974 R. SEELAUS & CO., INC.
10/25/2001	U4	AMENDMENT	Org CRD# 14974 R. SEELAUS & CO., INC.
09/06/2001	U4	AMENDMENT	Org CRD# 14974 R. SEELAUS & CO., INC.
09/04/2001	U4	AMENDMENT	Org CRD# 14974 R. SEELAUS & CO., INC.
07/03/2001	U6	REGTNDVT.	FTNRA
05/04/2001	U4	AMENDMENT	Org CRD# 14974 R. SEELAUS & CO., INC.
12/20/2000	U4	AMENDMENT	Org CRD# 14974 R. SEELAUS & CO., INC.
06/28/2000	U4	AMENDMENT	Org CRD# 14974 R. SEELAUS & CO., INC.
03/03/2000	U4	AMENDMENT	Org CRD# 14974 R. SEELAUS & CO., INC.
02/09/2000	U4	AMENDMENT	Org CRD# 14974 R. SEELAUS & CO., INC.
12/02/1999	U5	PARTIAL	Org CRD# 14974 R. SEELAUS & CO., INC.
10/18/1999	U4	AMENDMENT	Org CRD# 14974 R. SEELAUS & CO., INC.
07/05/1999	U4	CONVERSION	Org CRD# 14974 R. SEELAUS & CO., INC.
07/05/1999	U5	CONVERSION	Org CRD# 14974 R. SEELAUS & CO., INC.

Snapshot - Individual

CRD® or IARD(SM) System Report provided to: 14974 - R. SEELAUS & CO., INC.

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Individual: 500660 - SEELAUS, RICHARD PAUL

Reportable Events:

Number of Reportable Events:

Bankruptcy:	0
Bond:	0
Civil Judicial:	0
Criminal:	0
Customer Complaint:	0
Internal Review:	0
Investigation:	0
Judgment/Lien:	0
Regulatory Action:	1
Termination:	0

Occurrence: 1017742

Disclosure Type: Regulatory Action

FINRA Public Disclosable: Y

Reportable: Y

Material Difference in Disclosure:

N

Rev. Form U-4 (03/2002)

Form: U-4

Received: 05/28/2003

Source: Organization CRD# 14974

Questions: 14R(2)



Snapshot - Individual

CRD® or IARD(SM) System Report provided to: 14974 - R. SEELAUS & CO., INC.

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Individual: 500660 - SEELAUS, RICHARD PAUL

Reportable Events:

**Regulatory Action DRP Content**

1. **Regulatory Action Initiated By:** NATIONAL ASSOCIATION OF SECURITIES DEALERS
2. **Principal Sanction:**  
**Other Sanctions:**
3. **Date initiated:** 06/19/2001  
EXACT DATE AWC INITIATED UNKNOWN
4. **Docket/Case Number:** C9B010054
5. **Employing Firm:** R. SEELAUS & CO., INC.
6. **Principal Product Type:** Debt - Municipal  
**Other Product Types:**
7. **Allegations:**  
NASD RULES 2110 AND 3010-RESPONDENT FAILED TO MAINTAIN WRITTEN SUPERVISORY PROCEDURES, OR ADEQUATE SUPERVISORY PROCEDURES, DESCRIBING ITS METHODS OF SUPERVISION REGARDING VARIOUS SIGNIFICANT AREAS OF THE FIRM'S BUSINESS OPERATIONS.
8. **Current Status:** Final
9. **Appealed to:**
10. **Resolution:** Acceptance, Waiver & Consent (AWC)
11. **Resolution Date/Explanation:** 06/19/2001
12. **(A) Resolution Detail:**  
Monetary/Fine Sanction (Amount: \$5000)  
**(B) Other Sanctions:**  
**(C) Sanction Detail:**  
FINED JOINTLY AND SEVERALLY
13. **Comment:**  
ON JUNE 19, 2001, DISTRICT 9 NOTIFIED R. SEELAUS & CO., INC. THAT THE LETTER OF ACCEPTANCE, WAIVER AND CONSENT NO. C9B010054 WAS ACCEPTED; THEREFORE, RESPONDENT MEMBER IS FINED \$5000 (NASD CONDUCT RULES 2110 AND 3010, FAILING TO MAINTAIN WRITTEN SUPERVISORY PROCEDURES OR ADEQUATE SUPERVISORY PROCEDURES, DESCRIBING ITS METHOD OF SUPERVISION REGARDING VARIOUS SIGNIFICANT AREAS OF ITS BUSINESS OPERATIONS). \*\*\*\$5000.00 PAID ON 7/13/01\*\*\*

Rev. Form U-6 (08/1999)

**Form:** U-6

**Received:** 05/29/2003

**Source:** FINRA

**Questions:**

Snapshot - Individual

CRD® or IARD(SM) System Report provided to: 14974 - R. SEELAUS & CO., INC.

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Individual: 500660 - SEELAUS, RICHARD PAUL

Reportable Events:

Regulatory Action DRP Content

1. Regulatory Action Initiated By: NATIONAL ASSOCIATION OF  
SECURITIES DEALERS
2. Principal Sanction: Civil and Administrative  
Penalt(ies) /Fine(s)  
Other Sanctions:
3. Date initiated: 06/19/2001  
EXACT DATE AWC INITIATED UNKNOWN
4. Docket/Case Number: C9B010054
5. Employing Firm: R. SEELAUS & CO., INC.
6. Principal Product Type: No Product  
Other Product Types:
7. Allegations:  
NASD RULES 2110 AND 3010 - RESPONDENT FAILED TO MAINTAIN WRITTEN  
SUPERVISORY PROCEDURES, OR ADEQUATE SUPERVISORY PROCEDURES,  
DESCRIBING ITS METHODS OF SUPERVISION REGARDING VARIOUS  
SIGNIFICANT AREAS OF THE FIRM'S BUSINESS OPERATIONS.
8. Current Status: Final
9. Appealed to:
10. Resolution: Acceptance, Waiver &  
Consent (AWC)
11. Final Order:
12. Resolution Date/Explanation: 06/19/2001
13. (A) Resolution Detail:  
Monetary/Fine Sanction (Amount: \$5000)  
(B) Other Sanctions:  
(C) Sanction Detail:  
FINED, JOINTLY AND SEVERALLY.
14. Comment:

Snapshot - Individual

CRD® or IARD(SM) System Report provided to: 14974 - R. SEELAUS & CO.,INC.

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Individual: 500660 - SEELAUS, RICHARD PAUL

Regulator Archive and Z Records:

Occurrence: 1007863 Disclosure Type: Investigation

FINRA Public Disclosable: N Reportable: N

Material Difference in Disclosure: N

Rev. Form U-4 (03/2002)

Form: U-4

Received: 04/01/2003

Source: Organization CRD# 14974

Questions: 14G(2)

Investigation DRP content:

1. Notice received from: NASD
2. Notice date/Explanation: 04/26/2001
3. Nature of investigation:  
WELLS LETTER IN REGARD TO EXAM E9B000072.
4. Date Resolved/Explanation: 06/19/2001

Snapshot - Individual

CRD® or IARD(SM) System Report provided to: 14974 - R. SEELAUS &amp; CO.,INC.

Request Submitted: 03/28/2008

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Individual: 837964 - PARKER, MARY MCCURDY

Administrative Information:

## Composite Information:

Full Legal Name: PARKER, MARY MCCURDY

Year of Birth: 1954

State of Residence: NJ

Current Employing Firm: R. SEELAUS &amp; CO.,INC. (14974)

Firm Main Address: 25 DEFOREST AVENUE - SUITE 102  
SUMMIT  
NJ, UNITED STATES  
07901

Firm Mailing Address: 25 DEFOREST AVENUE  
SUMMIT  
NJ, UNITED STATES  
07901

Business Telephone #: 908-273-3011

Independent Contractor: No

## Office of Employment Address:

CRD Branch #	NYSE Branch Code Number	Firm Billing Code	Address Start Date	Address End Date	Address
TA Main			09/08/2006		25 DE FOREST AVENUE SUITE 102 SUMMIT, NJ 07901 USA
		Registered Location?	Y	Type of Office:	Located At
BD Main			09/08/2006		25 DEFOREST AVENUE - SUITE 102 SUMMIT, NJ 07901 UNITED STATES
		Registered Location?	Y	Type of Office:	Located At

Snapshot - Individual

CRD® or IARD(SM) System Report provided to: 14974 - R. SEELAUS &amp; CO., INC.

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Individual: 837964 - PARKER, MARY MCCURDY

Administrative Information:

**Reportable Disclosures?**

The specified individual has no disclosure that qualifies for reporting under this section (i.e., disclosure required to be reported on Form U-4 or Form U-5). Regulatory and Broker/Dealer Users: Please note that there are three types of disclosure in Web CRD: Reportable, Legacy and Archive disclosure. An individual with no reportable disclosure may or may not have Legacy or Archive disclosure.

Investment Adviser Users: Please note that TARD does not include Legacy disclosure. Information reported on previous form filings through TARD is available under Filing History.

**Statutorily Disqualification?** CLEAR**Registered With Multiple Firms?** No**Material Difference in Disclosure?** No**Personal Information:****Individual CRD#:** 837964**Other Names Known By:** MCCURDY, MARY ELIZABETH**Year of Birth:** 1954**Registrations with Current Employer(s):**

From 09/08/2006 To Present: R. SEELAUS &amp; CO., INC. (14974)

Regulator	Registration Category	Status Date	Registration Status	Approval Date
CT	AG	09/08/2006	APPROVED	09/08/2006
FTNRA	RT	11/13/2006	APPROVED	09/08/2006
FINRA	GP	11/13/2006	APPROVED	09/08/2006
FTNRA	GS	11/13/2006	APPROVED	09/08/2006
FINRA	MP	11/13/2006	APPROVED	09/08/2006
FTNRA	MR	11/13/2006	APPROVED	09/08/2006

Snapshot - Individual

CRD® or IARD(SM) System Report provided to: 14974 - R. SEELAUS &amp; CO., INC.

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Individual: 837964 - PARKER, MARY MCCURDY

Administrative Information:

## Registrations with Current Employer(s) (cont):

Regulator	Registration Category	Status Date	Registration Status	Approval Date
FTNRA	OP	11/13/2006	APPROVED	09/08/2006
FL	AG	09/08/2006	APPROVED	09/08/2006
MA	AG	09/08/2006	APPROVED	09/08/2006
MD	AG	09/08/2006	APPROVED	09/08/2006
NH	AG	09/08/2006	APPROVED	09/08/2006
NJ	AG	09/08/2006	APPROVED	09/08/2006
NY	AG	09/08/2006	APPROVED	09/08/2006
PA	AG	09/08/2006	APPROVED	09/08/2006
RT	AG	09/08/2006	APPROVED	09/08/2006
SC	AG	09/08/2006	APPROVED	09/08/2006

## Registrations with Previous Employer(s):

From 01/03/1994 To 09/07/2006

MCCONNELLY, BUDD &amp; ROMANO, INC. (28923)

Reason for Termination:

Voluntary

Termination Comment:

Regulator	Registration Category	Status Date	Registration Status	Approval Date
ARCA	GS	09/11/2006	TERMED	10/04/2004
ARCA	OP	09/11/2006	TERMED	10/04/2004
CO	AG	09/11/2006	TERMED	12/01/1998
CT	AG	09/11/2006	TERMED	05/09/1997
FINRA	ET	09/11/2006	TERMED	09/27/1999
FTNRA	GP	09/11/2006	TERMED	08/04/1997
FINRA	GS	09/11/2006	TERMED	04/19/1994
FTNRA	MP	09/11/2006	TERMED	01/27/1998
FINRA	MR	09/11/2006	TERMED	11/04/1997
FTNRA	OP	09/11/2006	TERMED	02/15/2001
FL	AG	09/11/2006	TERMED	05/15/1997
MA	AG	09/11/2006	TERMED	05/09/1997

Snapshot - Individual

CRD® or IARD(SM) System Report provided to: 14974 - R. SEELAUS &amp; CO., INC.

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Individual: 837964 - PARKER, MARY MCCURDY

Administrative Information:

## Registrations with Previous Employer(s) (cont):

Regulator	Registration Category	Status Date	Registration Status	Approval Date
MD	AG	09/11/2006	TERMED	05/09/1997
NH	AG	09/11/2006	TERMED	05/09/1997
NJ	AG	09/11/2006	TERMED	04/22/1994
NQX	ET	09/11/2006	TERMED	07/12/2006
NQX	GP	09/11/2006	TERMED	07/12/2006
NQX	GS	09/11/2006	TERMED	07/12/2006
NY	AG	09/11/2006	TERMED	05/09/1997
PA	AG	09/11/2006	TERMED	05/09/1997
RT	AG	09/11/2006	TERMED	03/18/2003
SC	AG	09/11/2006	TERMED	12/10/1997
VT	AG	09/11/2006	TERMED	09/09/2003

## Professional Designations:

&lt;&lt; None found for this Individual: PARKER, MARY MCCURDY &gt;&gt;

## Employment History:

From 09/2006 To Present:	<b>Name:</b> R.SEELAUS & CO., INC <b>Location:</b> SUMMIT, NJ USA <b>Position:</b> SALES REPRESENTATIVE <b>Investment Related:</b> Yes
From 01/1994 To 09/2006	<b>Name:</b> MCCONNELL, BUDD & DOWNES, INC. <b>Location:</b> MORRISTOWN, NJ <b>Position:</b> NOT PROVIDED <b>Investment Related:</b> Yes
From 01/1984 To 01/1994	<b>Name:</b> WORKED IN HOME FOR PAST 10 YEARS <b>Location:</b> SUMMIT, NY <b>Position:</b> OTHER - HOMEMAKER <b>Investment Related:</b> No

Snapshot - Individual

CRD® or IARD(SM) System Report provided to: 14974 - R. SEELAUS &amp; CO., INC.

Request Submitted: 03/28/2008

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Individual: 837964 - PARKER, MARY MCCURDY

Administrative Information:

## Office of Employment History:

From 09/2006 To Present:

Name: R. SEELAUS &amp; CO., INC. (14974)

Independent Contractor: No

## Office of Employment Address:

CRD Branch #	NYSE Branch Code Number	Firm Code	Billing Code	Address Start Date	Address End Date	Address
IA Main				09/08/2006		25 DE FOREST AVENUE SUITE 102 SUMMIT, NJ 07901 USA

Registered Location? Y Type of Office: Located At

BD Main				09/08/2006		25 DEFOREST AVENUE - SUITE 102 SUMMIT, NJ 07901 UNITED STATES
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Registered Location? Y Type of Office: Located At

From 01/1994 To 09/2006

Name: MCCONNELL, BUDD &amp; ROMANO, INC. (28923)

Independent Contractor: No

## Office of Employment Address:

CRD Branch #	NYSE Branch Code Number	Firm Code	Billing Code	Address Start Date	Address End Date	Address
285292				06/26/2006	09/07/2006	365 SOUTH STREET MORRISTOWN, NJ 07960 UNITED STATES

Registered Location? Y Type of Office: Located At



Snapshot - Individual

CRD® or IARD(SM) System Report provided to: 14974 - R. SEELAUS &amp; CO., INC.

Request Submitted: 03/28/2008

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Individual: 837964 - PARKER, MARY MCCURDY

Administrative Information:

## Office of Employment Address:

CRD	NYSE Branch Firm Billing	Address	Address
<u>Branch #</u>	<u>Code Number</u> <u>Code</u>	<u>Start Date</u> <u>End Date</u>	<u>Address</u>
BD Main		01/03/1994 07/06/2006	365 SOUTH STREET MORRISTOWN, NJ 07960 UNITED STATES
Registered Location?		Y	Type of Office: Located At

## Other Business:

&lt;&lt;No Other Business found for this Individual.&gt;&gt;

## Examination Information:

Exam	Status	Status Date	Exam Date	Grade	Score	Window Dates
S24	OFFICIAL_RESULT	08/01/1997	08/01/1997	PASSED	75	-
S24	EXPIRED	04/10/1997			0	-
S4	OFFICIAL_RESULT	02/15/2001	02/14/2001	PASSED	80	01/09/2001-05/09/2001
S53	OFFICIAL_RESULT	01/23/1998	01/23/1998	PASSED	73	-
S55	OFFICIAL_RESULT	09/27/1999	09/17/1999	PASSED	78	-
S63	OFFICIAL_RESULT	07/07/1994	07/07/1994	PASSED	78	-
S65	OFFICIAL_RESULT	11/14/2007	11/13/2007	PASSED	83	10/13/2007-02/10/2008
S65	EXPIRED	02/20/2006				10/20/2005-02/17/2006
S7	OFFICIAL_RESULT	04/18/1994	04/18/1994	PASSED	87	-

## CE Regulatory Element Status:

Current CE Status: SATISFIED

CE Base Date: 04/19/1994

## Current CE

&lt;&lt;No Current CE Session Found &gt;&gt;

Snapshot - Individual

CRD® or IARD(SM) System Report provided to: 14974 - R. SEELAUS &amp; CO., INC.

Request Submitted: 03/28/2008

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Individual: 837964 - PARKER, MARY MCCURDY

## Administrative Information:

## Next CE

Requirement Window	Requirement Type	Session
04/19/2008-08/16/2008	Anniversary	201

## CE Directed Sequence History

&lt;&lt;No CE Directed Sequence History Found for this Individual.&gt;&gt;

## Inactive CE History Dates

&lt;&lt;No Inactive CE History Found for this Individual.&gt;&gt;

## Previous CE Requirement Status

Requirement Type	Status	Previous Window	Session	Status Date	Result
Anniversary		04/19/1996-08/16/1996	101	05/03/1996	05/03/1996- CMPLT
Anniversary	SATISFIED	04/19/1999-08/16/1999	201	07/02/1999	07/02/1999-
Anniversary		04/19/1999-08/16/1999	201	07/02/1999	07/02/1999- CMPLT
Anniversary	REQUIRED	04/19/2002-08/16/2002	201	04/19/2002	04/19/2002-
Anniversary	SATISFIED	04/19/2002-08/16/2002	201	07/19/2002	07/19/2002- CMPLT
Anniversary	SATISFIED	04/19/2005-08/16/2005	201	07/01/2005	07/01/2005- CMPLT
Anniversary	REQUIRED	04/19/2005-08/16/2005	201	04/19/2005	04/19/2005-

## Filing History:

Filing Date	Form Type	Filing Type	Source
10/12/2007	U4	AMENDMENT	Org CRD# 14974 R. SEELAUS & CO., INC.
09/11/2006	U5	FULL	Org CRD# 28923 MCCONNELL, BUDD & ROMANO, INC.
09/08/2006	U4	RELICENSE	Org CRD# 14974 R. SEELAUS & CO., INC.

Snapshot - Individual

CRD® or IARD(SM) System Report provided to: 14974 - R. SEELAUS &amp; CO., INC.

Request Submitted: 03/28/2008

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Individual: 837964 - PARKER, MARY MCCURDY

## Administrative Information:

## Filing History (cont):

Filing Date	Form Type	Filing Type	Source
07/29/2006	U4	CONVERSTON	Org CRD# 28923 MCCONNELL, BUDD & ROMANO, INC.
07/06/2006	U4	AMENDMENT	Org CRD# 28923 MCCONNELL, BUDD & ROMANO, INC.
10/19/2005	U4	AMENDMENT	Org CRD# 28923 MCCONNELL, BUDD & ROMANO, INC.
10/04/2004	U4	ADMTN	Org CRD# 28923 MCCONNELL, BUDD & ROMANO, INC.
10/04/2004	U4	ADMTN	Org CRD# 28923 MCCONNELL, BUDD & ROMANO, INC.
08/12/2003	U4	AMENDMENT	Org CRD# 28923 MCCONNELL, BUDD & ROMANO, INC.
03/06/2003	U4	AMENDMENT	Org CRD# 28923 MCCONNELL, BUDD & ROMANO, INC.
01/08/2001	U4	AMENDMENT	Org CRD# 28923 MCCONNELL, BUDD & DOWNES, INC.
07/05/1999	U4	CONVERSTON	Org CRD# 28923 MCCONNELL, BUDD & DOWNES, INC.

CRD® or IARD(SM) System - Current As Of 03/27/2008 11:40 PM

Snapshot - Individual

CRD® or IARD(SM) System Report provided to: 14974 - R. SEELAUS & CO., INC.

Request Submitted: 03/28/2008

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Individual: 837964 - PARKER, MARY MCCURDY

Administrative Information:

**Number of Reportable Events:**

<<No Reportable Events found for this Individual.>>

CRD® or IARD(SM) System - Current As Of 03/27/2008 11:40 PM

Snapshot - Individual

CRD® or IARD(SM) System Report provided to: 14974 - R. SEELAUS & CO., INC.

Request Submitted: 03/28/2008

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Individual: 837964 - PARKER, MARY MCCURDY

Reportable Events:

<<No Reportable Events found for this Individual.>>

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CRD® or IARD(SM) System - Current As Of 03/27/2008 11:40 PM

Snapshot - Individual

CRD® or IARD(SM) System Report provided to: 14974 - R. SEELAUS & CO., INC.

Request Submitted: 03/28/2008

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Individual: 837964 - PARKER, MARY MCCURDY

Regulator Archive and Z Records:

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<<No Regulator Archive and Z Records found for this Individual.>>

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Snapshot - Individual

CRD® or IARD(SM) System Report provided to: 14974 - R. SEELAUS &amp; CO.,INC.

Request Submitted: 03/28/2008

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Individual: 1865303 - MITNICK, ROBERT KEITH

## Administrative Information:

## Composite Information:

Full Legal Name: MITNICK, ROBERT KEITH

Year of Birth: 1966

State of Residence: NJ

Current Employing Firm: R. SEELAUS &amp; CO.,INC. (14974)

Firm Main Address: 25 DEFOREST AVENUE - SUITE 102  
SUMMIT  
NJ, UNITED STATES  
07901

Firm Mailing Address: 25 DEFOREST AVENUE  
SUMMIT  
NJ, UNITED STATES  
07901

Business Telephone #: 908-273-3011

Independent Contractor: No

## Office of Employment Address:

CRD Branch #	NYSE Branch Code Number	Firm Code	Billing Address	Address Start Date	Address End Date	Address
210687		MATN		01/06/2006		25 DEFOREST AVENUE SUITE 102 SUMMIT, NJ 07901 UNITED STATES
			Registered Location?	Y	Type of Office:	Located At
				11/05/2001		25 DEFOREST AVENUE, SUITE 102 SUMMIT, NJ 07901 USA
			Registered Location?	N	Type of Office:	Located At

Snapshot - Individual

CRD® or IARD(SM) System Report provided to: 14974 - R. SEELAUS &amp; CO.,INC.

Request Submitted: 03/28/2008

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Individual: 1865303 - MITNICK, ROBERT KEITH

Administrative Information:

**Reportable Disclosures?**

The specified individual has no disclosure that qualifies for reporting under this section (i.e., disclosure required to be reported on Form U-4 or Form U-5). Regulatory and Broker/Dealer Users: Please note that there are three types of disclosure in Web CRD: Reportable, Legacy and Archive disclosure. An individual with no reportable disclosure may or may not have Legacy or Archive disclosure.

Investment Adviser Users: Please note that TARD does not include Legacy disclosure. Information reported on previous form filings through TARD is available under Filing History.

**Statutorily Disqualification?** CLEAR**Registered With Multiple Firms?** No**Material Difference in Disclosure?** No**Personal Information:****Individual CRD#:** 1865303**Other Names Known By:** <<No Other Names found for this Individual.>>**Year of Birth:** 1966**Registrations with Current Employer(s):**

From 11/05/2001 To Present: R. SEELAUS &amp; CO., INC. (14974)

Regulator	Registration Category	Status Date	Registration Status	Approval Date
ARCA	GS	12/16/2004	TERMED	10/08/2004
CA	AG	08/30/2004	APPROVED	08/30/2004
CT	AG	11/06/2001	APPROVED	11/06/2001
DC	AG	03/11/2008	APPROVED	03/11/2008
FINRA	GS	11/13/2001	APPROVED	11/06/2001
FTI	AG	11/06/2001	APPROVED	11/06/2001



Snapshot - Individual

CRD® or IARD(SM) System Report provided to: 14974 - R. SEELAUS &amp; CO., INC.

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Individual: 1865303 - MITNICK, ROBERT KEITH

Administrative Information:

## Registrations with Current Employer(s) (cont):

Regulator	Registration Category	Status Date	Registration Status	Approval Date
MA	AG	12/16/2004	TERMED	11/06/2001
ME	AG	12/10/2001	T_NOREG	
NC	AG	11/06/2001	APPROVED	11/06/2001
NJ	AG	11/06/2001	APPROVED	11/06/2001
NV	AG	10/27/2006	APPROVED	10/27/2006
NY	AG	11/06/2001	APPROVED	11/06/2001
OK	AG	12/12/2001	APPROVED	12/12/2001
PA	AG	11/06/2001	APPROVED	11/06/2001
SD	AG	11/29/2001	APPROVED	11/29/2001
TN	AG	05/27/2004	TERMED	07/09/2003
TX	AG	01/21/2003	APPROVED	01/21/2003
WI	AG	12/16/2004	TERMED	11/06/2001
WY	AG	10/02/2006	APPROVED	10/02/2006

## Registrations with Previous Employer(s):

From 03/17/1997 To 11/05/2001

PRUDENTIAL SECURITIES INCORPORATED(7471)

Reason for Termination:

Voluntary

Termination Comment:

Regulator	Registration Category	Status Date	Registration Status	Approval Date
AMEX	GS	11/07/2001	TERMED	03/27/1997
ARCA	GS	11/07/2001	TERMED	03/27/1997
CA	AG	12/31/1997	TERMED	03/27/1997
CBOE	GS	11/07/2001	TERMED	03/27/1997
CT	AG	11/07/2001	TERMED	03/27/1997
DC	AG	12/31/1997	TERMED	04/18/1997
FTNRA	GS	11/07/2001	TERMED	03/27/1997
FL	AG	11/07/2001	TERMED	03/28/1997
GA	AG	12/31/1999	TERMED	03/27/1997

Snapshot - Individual

CRD® or IARD(SM) System Report provided to: 14974 - R. SEELAUS &amp; CO., INC.

Request Submitted: 03/28/2008

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Individual: 1865303 - MITNICK, ROBERT KEITH

Administrative Information:

## Registrations with Previous Employer(s) (cont):

Regulator	Registration Category	Status Date	Registration Status	Approval Date
TI.	AG	12/31/1997	TERMED	03/27/1997
MA	AG	11/07/2001	TERMED	04/24/1998
ME	AG	11/07/2001	TERMED	04/24/2001
MI	AG	12/31/1999	TERMED	05/19/1997
NC	AG	11/07/2001	TERMED	02/05/1998
NH	AG	12/31/1997	TERMED	03/27/1997
NJ	AG	11/07/2001	TERMED	04/02/1997
NY	AG	11/07/2001	TERMED	03/27/1997
NYSE	GS	11/07/2001	TERMED	03/27/1997
OH	AG	12/31/1997	TERMED	03/28/1997
OK	AG	11/07/2001	TERMED	04/17/1997
PA	AG	11/07/2001	TERMED	06/17/1997
PHIX	GS	11/07/2001	TERMED	03/27/1997
RI	AG	12/31/1998	TERMED	05/21/1997
SD	AG	11/07/2001	TERMED	04/04/1997
TX	AG	12/31/1999	TERMED	06/18/1998
WT	AG	11/07/2001	TERMED	11/02/1998

From 09/28/1988 To 12/31/1997

FIRST INTERREGIONAL EQUITY CORP. (7486)

Reason for Termination:

Unknown Conversion

Termination Comment:

Firm Failed to Pay Renewal Fees

Regulator	Registration Category	Status Date	Registration Status	Approval Date
CA	AG	10/23/1997	TERMED	12/22/1990
CT	AG	12/31/1997	TERMED	07/25/1989
DC	AG	12/23/1997	TERMED	11/26/1990
FTNRA	GS	05/16/1997	TERMED	10/05/1988
FL	AG	12/31/1997	TERMED	10/07/1988
GA	AG	12/31/1997	TERMED	10/23/1991
IL	AG	07/02/1997	TERMED	02/01/1993
MT	AG	05/19/1997	TERMED	10/12/1990

Snapshot - Individual

CRD® or IARD(SM) System Report provided to: 14974 - R. SEELAUS &amp; CO., INC.

Request Submitted: 03/28/2008

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Individual: 1865303 - MITNICK, ROBERT KEITH

Administrative Information:

## Registrations with Previous Employer(s) (cont):

Regulator	Registration Category	Status Date	Registration Status	Approval Date
NC	AG	06/12/1997	TERMED	10/09/1991
NH	AG	12/31/1997	TERMED	08/12/1993
NJ	AG	12/31/1997	TERMED	10/06/1988
NY	AG	12/31/1997	TERMED	10/21/1988
OK	AG	12/31/1997	TERMED	08/30/1996
PA	AG	12/31/1997	TERMED	01/11/1989
RT	AG	05/19/1997	TERMED	03/02/1990
SD	AG	12/31/1997	TERMED	04/14/1993
TX	AG	12/31/1997	TERMED	02/21/1989

## Professional Designations:

&lt;&lt; None found for this Individual: MITNICK, ROBERT KEITH &gt;&gt;

## Employment History:

From 11/2001 To Present:	<b>Name:</b> R. SEELAUS & CO., INC <b>Location:</b> SUMMIT, NJ USA <b>Position:</b> REGISTERED REPRESENTATIVE <b>Investment Related:</b> Yes
From 03/1997 To 11/2001	<b>Name:</b> PRUDENTIAL SECURITIES INCORPORATED <b>Location:</b> FLORHAM PARK, NJ <b>Position:</b> ACCOUNT EXECUTIVE <b>Investment Related:</b> Yes
From 09/1988 To 12/1997	<b>Name:</b> FIRST INTERREGIONAL EQUITY CORP. <b>Location:</b> MILLBURN, NJ <b>Position:</b> NOT PROVIDED <b>Investment Related:</b> Yes
From 11/1988 To 03/1997	<b>Name:</b> FIRST INTERREGIONAL <b>Location:</b> MILLBURN, NJ <b>Position:</b> BROKER - BROKER <b>Investment Related:</b> No

Snapshot - Individual

CRD® or IARD(SM) System Report provided to: 14974 - R. SEELAUS &amp; CO., INC.

Request Submitted: 03/28/2008

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Individual: 1865303 - MITNICK, ROBERT KEITH

Administrative Information:

## Office of Employment History:

From 11/2001 To Present:

Name: R. SEELAUS &amp; CO., INC. (14974)

Independent Contractor: No

## Office of Employment Address:

CRD Branch #	NYSE Branch Code Number	Firm Code	Billing Code	Address Start Date	Address End Date	Address
210687		MAIN		01/06/2006		25 DEFOREST AVENUE SUITE 102 SUMMIT, NJ 07901 UNITED STATES
				Registered Location?	Y	Type of Office: Located At
					11/05/2001	25 DEFOREST AVENUE, SUITE 102 SUMMIT, NJ 07901 USA
				Registered Location?	N	Type of Office: Located At

From 03/1997 To 11/2001

Name: PRUDENTIAL SECURITIES INCORPORATED (7471)

Independent Contractor: No

## Office of Employment Address:

CRD Branch #	NYSE Branch Code Number	Firm Code	Billing Code	Address Start Date	Address End Date	Address
		SC/0662		03/17/1997	11/05/2001	200 CAMPUS DRIVE FLORHAM PARK, NJ 07932 USA
				Registered Location?	N	Type of Office: Located At

Snapshot - Individual

CRD® or IARD(SM) System Report provided to: 14974 - R. SEELAUS & CO.,INC.

Request Submitted: 03/28/2008

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Individual: 1865303 - MITNICK, ROBERT KEITH

Administrative Information:

Office of Employment History (cont):

From 09/1988 To 12/1997

Name: FIRST INTERREGIONAL EQUITY CORP. (7486)

Independent Contractor: No

Office of Employment Address:

CRD Branch #	NYSE Branch Code Number	Firm Code	Billing Code	Address Start Date	Address End Date	Address Address
				09/28/1988	12/31/1997	25 E WILLOW ST. MTLNBURN, NJ 07041
				Registered Location?	N	Type of Office: Located At

Other Business:

<<No Other Business found for this Individual.>>

Examination Information:

Exam	Status	Status Date	Exam Date	Grade	Score	Window Dates
S63	OFFICIAL RESULT	10/20/1988	10/20/1988	PASSED	70	-
S65	EXPIRED	02/09/2000				10/12/1999-02/09/2000
S7	OFFICIAL RESULT	08/20/1988	08/20/1988	PASSED	80	-

CE Regulatory Element Status:

Current CE Status: SATISFIED

CE Base Date: 08/25/1988

Current CE

<<No Current CE Session Found >>

Next CE

Snapshot - Individual

CRD® or IARD(SM) System Report provided to: 14974 - R. SEELAUS &amp; CO., INC.

Request Submitted: 03/28/2008

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Individual: 1865303 - MITNICK, ROBERT KEITH

Administrative Information:

Requirement Window	Requirement Type	Session
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08/25/2008-12/22/2008	Anniversary	101
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**CE Directed Sequence History**

&lt;&lt;No CE Directed Sequence History Found for this Individual.&gt;&gt;

**Inactive CE History Dates**

&lt;&lt;No Inactive CE History Found for this Individual.&gt;&gt;

**Previous CE Requirement Status**

Requirement Type	Status	Previous Window	Session	Status Date	Result
Anniversary	SATISFIED	08/25/1996-12/22/1996	101	08/25/1988	08/25/1988-
Anniversary	REQUIRED	08/25/1999-12/22/1999	101	08/25/1999	08/25/1999-
Anniversary	SATISFIED	08/25/1999-12/22/1999	101	12/01/1999	12/01/1999-
					CMPLT
Anniversary	REQUIRED	08/25/2002-12/22/2002	101	08/26/2002	08/26/2002-
Anniversary	SATISFIED	08/25/2002-12/22/2002	101	09/30/2002	09/30/2002-
					CMPLT
Anniversary	REQUIRED	08/25/2005-12/22/2005	101	08/25/2005	08/25/2005-
Anniversary	SATISFIED	08/25/2005-12/22/2005	101	09/27/2005	09/27/2005-
					CMPLT

**Filing History:**

Filing Date	Form Type	Filing Type	Source
03/11/2008	U4	AMENDMENT	Org CRD# 14974 R. SEELAUS & CO., INC.
10/27/2006	U4	AMENDMENT	Org CRD# 14974 R. SEELAUS & CO., INC.
09/28/2006	U4	AMENDMENT	Org CRD# 14974 R. SEELAUS & CO., INC.
12/16/2004	U5	PARTIAL	Org CRD# 14974 R. SEELAUS & CO., INC.
10/08/2004	U4	ADMTN	Org CRD# 14974 R. SEELAUS & CO., INC.

Individual: 1865303 - MITNICK, ROBERT KEITH

## Administrative Information:

## Filing History (cont):

Filing Date	Form Type	Filing Type	Source
08/30/2004	U4	AMENDMENT	Org CRD# 14974 R. SEELAUS & CO., INC.
05/27/2004	U5	PARTIAL	Org CRD# 14974 R. SEELAUS & CO., INC.
05/01/2003	U4	AMENDMENT	Org CRD# 14974 R. SEELAUS & CO., INC.
01/21/2003	U4	AMENDMENT	Org CRD# 14974 R. SEELAUS & CO., INC.
03/21/2002	U4	AMENDMENT	Org CRD# 14974 R. SEELAUS & CO., INC.
12/12/2001	U4	AMENDMENT	Org CRD# 14974 R. SEELAUS & CO., INC.
12/10/2001	U5	PARTIAL	Org CRD# 14974 R. SEELAUS & CO., INC.
11/29/2001	U4	AMENDMENT	Org CRD# 14974 R. SEELAUS & CO., INC.
11/07/2001	U5	FULL	Org CRD# 7471 PRUDENTIAL SECURITIES INCORPORATED
11/06/2001	U4	RELICENSE	Org CRD# 14974 R. SEELAUS & CO., INC.
04/19/2001	U4	AMENDMENT	Org CRD# 7471 PRUDENTIAL SECURITIES INCORPORATED
12/10/1999	U5	PARTIAL	Org CRD# 7471 PRUDENTIAL SECURITIES INCORPORATED
10/12/1999	U4	AMENDMENT	Org CRD# 7471 PRUDENTIAL SECURITIES INCORPORATED
07/05/1999	U4	CONVERSION	Org CRD# 7471 PRUDENTIAL SECURITIES INCORPORATED
07/05/1999	U4	CONVERSION	Org CRD# 7486 FIRST INTERREGIONAL EQUITY CORP.

Snapshot - Individual

CRD® or IARD(SM) System Report provided to: 14974 - R. SEELAUS & CO., INC.

Request Submitted: 03/28/2008

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Individual: 1865303 - MITNICK, ROBERT KEITH

Administrative Information:

Filing History (cont):

Filing Date	Form Type	Filing Type	Source
07/05/1999	U5	CONVERSTON	Org CRD# 7471 PRUDENTIAL SECURITIES INCORPORATED
07/05/1999	U5	CONVERSION	Org CRD# 7486 FIRST INTERREGIONAL EQUITY CORP.



CRD® or IARD(SM) System - Current As Of 03/27/2008 11:40 PM

Snapshot - Individual

CRD® or IARD(SM) System Report provided to: 14974 - R. SEELAUS & CO., INC.

Request Submitted: 03/28/2008

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Individual: 1865303 - MITNICK, ROBERT KEITH

Administrative Information:

**Number of Reportable Events:**

<<No Reportable Events found for this Individual.>>

CRD® or IARD(SM) System - Current As Of 03/27/2008 11:40 PM

Snapshot - Individual

CRD® or IARD(SM) System Report provided to: 14974 - R. SEELAUS & CO., INC.

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Individual: 1865303 - MITNICK, ROBERT KEITH

Reportable Events:

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<<No Reportable Events found for this Individual.>>

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CRD® or IARD(SM) System - Current As Of 03/27/2008 11:40 PM

Snapshot - Individual

CRD® or IARD(SM) System Report provided to: 14974 - R. SEELAUS & CO., INC.

Request Submitted: 03/28/2008

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Individual: 1865303 - MITNICK, ROBERT KEITH

Regulator Archive and Z Records:

<<No Regulator Archive and Z Records found for this Individual.>>

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# FORM U4

## UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

U4 - AMENDMENT

10/17/2008

Rev. Form U4 (10/2005)

### 1. GENERAL INFORMATION

<b>First Name:</b> JOHN	<b>Middle Name:</b> JOSEPH	<b>Last Name:</b> BURNS	<b>Suffix:</b>
<b>Firm CRD #:</b> 14974	<b>Firm Name:</b> R. SEELAUS & CO., INC.	<b>Employment Date (MM/DD/YYYY):</b> 05/30/2008	
<b>Firm Billing Code:</b>	<b>Individual CRD #:</b> 726439	<b>Individual SSN:</b> 152-44-6871	

Do you have an independent contractor relationship with the above named firm?:

☐ Yes ☒ No

#### Office of Employment Address

CRD Branch #	NYSE Branch Code #	Firm Billing Code	Address	Private Residence	Type of Office	Start Date	End Date
BD Main			25 DEFOREST AVENUE - SUITE 102  SUMMIT , NJ 07901	N	Located At	05/30/2008	
IA Main			25 DE FOREST AVENUE SUITE 102 SUMMIT , NJ 07901 UNITED STATES	N	Located At	05/30/2008	

Rev. Form U4 (10/2005)

### 2. FINGERPRINT INFORMATION

#### Electronic Filing Representation

- ☒ By selecting this option, I represent that I am submitting, have submitted, or promptly will submit to the appropriate *SRO* a fingerprint card as required under applicable *SRO* rules; or
- Fingerprint card barcode
- ☐ By selecting this option, I represent that I have been employed continuously by the *filing firm* since the last submission of a fingerprint card to CRD and am not required to resubmit a fingerprint card at this time; or,
- ☐ By selecting this option, I represent that I have been employed continuously by the *filing firm* and my fingerprints have been processed by an *SRO* other than FINRA. I am submitting, have submitted, or

promptly will submit the processed results for posting to CRD.

#### Exceptions to the Fingerprint Requirement

- ☐ By selecting one or more of the following two options, I affirm that I am exempt from the federal fingerprint requirement because I/*filing firm* currently satisfy(ies) the requirements of at least one of the permissive exemptions indicated below pursuant to Rule 17f-2 under the Securities Exchange Act of 1934, including any notice or application requirements specified therein:

- ☐ Rule 17f-2(a)(1)(i)
- ☐ Rule 17f-2(a)(1)(iii)

#### Investment Adviser Representative Only Applicants

- ☐ I affirm that I am applying only as an investment adviser representative and that I am not also applying or have not also applied with this *firm* to become a broker-dealer representative. If this radio button/box is selected, continue below.
- ☐ I am applying for registration only in *jurisdictions* that do not have fingerprint card filing requirements, or
- ☐ I am applying for registration in *jurisdictions* that have fingerprint card filing requirements and I am submitting, have submitted, or promptly will submit the appropriate fingerprint card directly to the *jurisdictions* for processing pursuant to applicable *jurisdiction* rules.

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### 3. REGISTRATIONS WITH UNAFFILIATED FIRMS

Some *jurisdictions* prohibit "dual registration," which occurs when an individual chooses to maintain a concurrent registration as a representative/agent with two or more *firms* (either BD or IA *firms*) that are not affiliated. *Jurisdictions* that prohibit dual registration would not, for example, permit a broker-dealer agent working with brokerage *firm* A to maintain a registration with brokerage *firm* B if *firms* A and B are not owned or controlled by a common parent. Before seeking a dual registration status, you should consult the applicable rules or statutes of the *jurisdictions* with which you seek registration for prohibitions on dual registrations or any liability provisions.

Please indicate whether the individual will maintain a "dual registration" status by answering the questions in this section. (Note: An individual should answer 'yes' only if the individual is currently registered and is seeking registration with a *firm* (either BD or IA) that is not affiliated with the individual's current employing *firm*. If this is an initial application, an individual must answer 'no' to these questions; a "dual registration" may be initiated only after an initial registration has been established).

Answer "yes" or "no" to the following questions:

Yes No

- A. Will *applicant* maintain registration with a broker-dealer that is not *affiliated* with the *filing firm*? If you answer "yes," list the *firm(s)* in Section 12 (Employment History). ☐ ☒
- B. Will *applicant* maintain registration with an investment adviser that is not *affiliated* with the *filing firm*? If you answer "yes," list the *firm(s)* in Section 12 (Employment History). ☐ ☒

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### 4. SRO REGISTRATIONS

Check appropriate *SRO* Registration requests.

Qualifying examinations will be automatically scheduled if needed. If you are only scheduling

or re-scheduling an exam, skip this section and complete Section 7 (EXAMINATION REQUESTS).

REGISTRATION CATEGORY	FINRA	NYSE	AMEX	BATS	BSE	NSX	ARCA	CBOE	CHX	PHLX	ISE	NOX
OP - Registered Options Principal (S4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IR - Investment Company and Variable Contracts Products Rep. (S6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>						<input type="checkbox"/>
GS - Full Registration/General Securities Representative (S7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TR - Securities Trader (S7)		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>						
TS - Trading Supervisor (S7)		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>						
SU - General Securities Sales Supervisor (S9 and S10)	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
BM - Branch Office Manager (S9 and S10)		<input type="checkbox"/>	<input type="checkbox"/>									
SM - Securities Manager (S10)		<input type="checkbox"/>										
AR - Assistant Representative/Order Processing (S11)	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
REGISTRATION CATEGORY	FINRA	NYSE	AMEX	BATS	BSE	NSX	ARCA	CBOE	CHX	PHLX	ISE	NOX
IE - United Kingdom - Limited General Securities Registered Representative (S17)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
DR - Direct Participation Program Representative (S22)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			
GP - General Securities Principal (S24)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>
IP - Investment Company and Variable Contracts Products Principal (S26)	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>						<input type="checkbox"/>
FA - Foreign Associate	<input type="checkbox"/>											
FN - Financial and Operations Principal (S27)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
FI - Introducing Broker-Dealer/Financial and Operations Principal (S28)	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
RS - Research Analyst (S86, S87)	<input type="checkbox"/>	<input type="checkbox"/>										
RP - Research Principal	<input type="checkbox"/>											
DP - Direct Participation Program Principal (S39)	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			

OR - Options Representative (S42)	<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>			<input type="checkbox"/>
<b>REGISTRATION CATEGORY</b>	<b>FINRA</b>	<b>NYSE</b>	<b>AMEX</b>	<b>BATS</b>	<b>BSE</b>	<b>NSX</b>	<b>ARCA</b>	<b>CBOE</b>	<b>CHX</b>	<b>PHLX</b>	<b>ISE</b>	<b>NOX</b>
MR - Municipal Securities Representative (S52)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			
MP - Municipal Securities Principal (S53)	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			
CS - Corporate Securities Representative (S62)	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
RG - Government Securities Representative (S72)	<input type="checkbox"/>											
PG - Government Securities Principal (S73)	<input type="checkbox"/>											
SA - Supervisory Analyst (S16)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
PR - Limited Representative - Private Securities Offerings (S82)	<input type="checkbox"/>		<input type="checkbox"/>									
CD - Canada-Limited General Securities Registered Representative (S37)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
CN - Canada-Limited General Securities Registered Representative (S38)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
<b>REGISTRATION CATEGORY</b>	<b>FINRA</b>	<b>NYSE</b>	<b>AMEX</b>	<b>BATS</b>	<b>BSE</b>	<b>NSX</b>	<b>ARCA</b>	<b>CBOE</b>	<b>CHX</b>	<b>PHLX</b>	<b>ISE</b>	<b>NOX</b>
ET - Equity Trader (S55)	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>						<input type="checkbox"/>
AM - Allied Member		<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>					
AP - Approved Person		<input type="checkbox"/>	<input type="checkbox"/>									
LE - Securities Lending Representative		<input type="checkbox"/>	<input type="checkbox"/>									
LS - Securities Lending Supervisor		<input type="checkbox"/>	<input type="checkbox"/>									
ME - Member Exchange		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>		
FE - Floor Employee		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>						
OF - Officer		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>						
CO - Compliance Official (S14)		<input type="checkbox"/>										
<b>REGISTRATION CATEGORY</b>	<b>FINRA</b>	<b>NYSE</b>	<b>AMEX</b>	<b>BATS</b>	<b>BSE</b>	<b>NSX</b>	<b>ARCA</b>	<b>CBOE</b>	<b>CHX</b>	<b>PHLX</b>	<b>ISE</b>	<b>NOX</b>
CF - Compliance Official Specialist (S14A)		<input type="checkbox"/>										
PM - Floor Member Conducting Public Business		<input type="checkbox"/>	<input type="checkbox"/>									
PC - Floor Clerk Conducting		<input type="checkbox"/>	<input type="checkbox"/>									

Public Business												
SC - Specialist Clerk (S21)		<input type="checkbox"/>	<input type="checkbox"/>									
TA - Trading Assistant (S25)		<input type="checkbox"/>										
FP - Municipal Fund (S51)	<input type="checkbox"/>											
IF - In-Firm Delivery Proctor	<input type="checkbox"/>	<input type="checkbox"/>										
MM - Market Maker Authorized Trader-Options (S44)							<input type="checkbox"/>					
<b>REGISTRATION CATEGORY</b>	<b>FINRA</b>	<b>NYSE</b>	<b>AMEX</b>	<b>BATS</b>	<b>BSE</b>	<b>NSX</b>	<b>ARCA</b>	<b>CBOE</b>	<b>CHX</b>	<b>PHLX</b>	<b>ISE</b>	<b>NOX</b>
FB - Floor Broker							<input type="checkbox"/>					
MB - Market Maker acting as Floor Broker							<input type="checkbox"/>					
OT - Authorized Trader (S7)							<input type="checkbox"/>					
MT - Market Maker Authorized Trader-Equities (S7)							<input type="checkbox"/>					
Other _____ (Paper Form Only)												

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**5. JURISDICTION REGISTRATION**

Check appropriate *jurisdiction(s)* for broker-dealer agent (AG) and/or investment adviser representative (RA) registration requests.

JURISDICTION	AG	RA	JURISDICTION	AG	RA	JURISDICTION	AG	RA	JURISDICTION	AG	RA
Alabama	<input type="checkbox"/>	<input type="checkbox"/>	Illinois	<input type="checkbox"/>	<input type="checkbox"/>	Montana	<input type="checkbox"/>	<input type="checkbox"/>	Puerto Rico	<input type="checkbox"/>	<input type="checkbox"/>
Alaska	<input type="checkbox"/>	<input type="checkbox"/>	Indiana	<input type="checkbox"/>	<input type="checkbox"/>	Nebraska	<input type="checkbox"/>	<input type="checkbox"/>	Rhode Island	<input type="checkbox"/>	<input type="checkbox"/>
Arizona	<input type="checkbox"/>	<input type="checkbox"/>	Iowa	<input type="checkbox"/>	<input type="checkbox"/>	Nevada	<input type="checkbox"/>	<input type="checkbox"/>	South Carolina	<input type="checkbox"/>	<input type="checkbox"/>
Arkansas	<input type="checkbox"/>	<input type="checkbox"/>	Kansas	<input type="checkbox"/>	<input type="checkbox"/>	New Hampshire	<input type="checkbox"/>	<input type="checkbox"/>	South Dakota	<input type="checkbox"/>	<input type="checkbox"/>
California	<input type="checkbox"/>	<input type="checkbox"/>	Kentucky	<input type="checkbox"/>	<input type="checkbox"/>	New Jersey	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Tennessee	<input type="checkbox"/>	<input type="checkbox"/>
Colorado	<input type="checkbox"/>	<input type="checkbox"/>	Louisiana	<input type="checkbox"/>	<input type="checkbox"/>	New Mexico	<input type="checkbox"/>	<input type="checkbox"/>	Texas	<input type="checkbox"/>	<input type="checkbox"/>
Connecticut	<input type="checkbox"/>	<input type="checkbox"/>	Maine	<input type="checkbox"/>	<input type="checkbox"/>	New York	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Utah	<input type="checkbox"/>	<input type="checkbox"/>
Delaware	<input type="checkbox"/>	<input type="checkbox"/>	Maryland	<input checked="" type="checkbox"/>	<input type="checkbox"/>	North Carolina	<input type="checkbox"/>	<input type="checkbox"/>	Vermont	<input type="checkbox"/>	<input type="checkbox"/>
District of Columbia	<input type="checkbox"/>	<input type="checkbox"/>	Massachusetts	<input type="checkbox"/>	<input type="checkbox"/>	North Dakota	<input type="checkbox"/>	<input type="checkbox"/>	Virgin Islands	<input type="checkbox"/>	<input type="checkbox"/>
Florida	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Michigan	<input type="checkbox"/>	<input type="checkbox"/>	Ohio	<input type="checkbox"/>	<input type="checkbox"/>	Virginia	<input type="checkbox"/>	<input type="checkbox"/>
Georgia	<input type="checkbox"/>	<input type="checkbox"/>	Minnesota	<input type="checkbox"/>	<input type="checkbox"/>	Oklahoma	<input type="checkbox"/>	<input type="checkbox"/>	Washington	<input type="checkbox"/>	<input type="checkbox"/>
Hawaii	<input type="checkbox"/>	<input type="checkbox"/>	Mississippi	<input type="checkbox"/>	<input type="checkbox"/>	Oregon	<input type="checkbox"/>	<input type="checkbox"/>	West Virginia	<input type="checkbox"/>	<input type="checkbox"/>
Idaho	<input type="checkbox"/>	<input type="checkbox"/>	Missouri	<input type="checkbox"/>	<input type="checkbox"/>	Pennsylvania	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wisconsin	<input type="checkbox"/>	<input type="checkbox"/>
									Wyoming	<input type="checkbox"/>	<input type="checkbox"/>

**AGENT OF THE ISSUER REGISTRATION (AI)** ☐ Indicate 2 letter *jurisdiction* code (s): \_\_\_\_\_



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**6. REGISTRATION REQUESTS WITH AFFILIATED FIRMS**

Will *applicant* maintain registration with *firm(s)* under common ownership or control with the *filing firm*?  
If "yes", fill in the details to indicate a request for registration with additional *firm(s)*.

☐ Yes ☒ No

No Information Filed

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**7. EXAMINATION REQUESTS**

**Scheduling or Rescheduling Examinations** Complete this section only if you are scheduling or rescheduling an examination or continuing education session. Do not select the Series 63 (S63) or Series 65 (S65) examinations in this section if you have completed Section 5 (JURISDICTION REGISTRATION) and have selected registration in a *jurisdiction*. If you have completed Section 5 (JURISDICTION REGISTRATION), and requested an AG registration in a *jurisdiction* that requires that you pass the S63 examination, an S63 examination will be automatically scheduled for you upon submission of this Form U4. If you have completed Section 5 (JURISDICTION REGISTRATION), and requested an RA registration in a *jurisdiction* that requires that you pass the S65 examination, an S65 examination will be automatically scheduled for you upon submission of this Form U4.

<input type="checkbox"/> S3	<input type="checkbox"/> S11	<input type="checkbox"/> S22	<input type="checkbox"/> S32	<input type="checkbox"/> S51	<input type="checkbox"/> S73
<input type="checkbox"/> S4	<input type="checkbox"/> S12	<input type="checkbox"/> S23	<input type="checkbox"/> S33	<input type="checkbox"/> S52	<input type="checkbox"/> S82
<input type="checkbox"/> S5	<input type="checkbox"/> S14	<input type="checkbox"/> S24	<input type="checkbox"/> S37	<input type="checkbox"/> S53	<input type="checkbox"/> S86
<input type="checkbox"/> S6	<input type="checkbox"/> S14A	<input type="checkbox"/> S25	<input type="checkbox"/> S38	<input type="checkbox"/> S55	<input type="checkbox"/> S87
<input type="checkbox"/> S7	<input type="checkbox"/> S15	<input type="checkbox"/> S26	<input type="checkbox"/> S39	<input type="checkbox"/> S62	<input type="checkbox"/> S101
<input type="checkbox"/> S7A	<input type="checkbox"/> S16	<input type="checkbox"/> S27	<input type="checkbox"/> S42	<input type="checkbox"/> S63	<input type="checkbox"/> S106
<input type="checkbox"/> S9	<input type="checkbox"/> S17	<input type="checkbox"/> S28	<input type="checkbox"/> S44	<input type="checkbox"/> S65	<input type="checkbox"/> S201
<input type="checkbox"/> S10	<input type="checkbox"/> S21	<input type="checkbox"/> S30	<input type="checkbox"/> S45	<input type="checkbox"/> S66	
		<input type="checkbox"/> S31	<input type="checkbox"/> S46	<input type="checkbox"/> S72	

Other \_\_\_\_\_ (Paper Form Only)

OPTIONAL: Foreign Exam City \_\_\_\_\_

Date (MM/DD/YYYY) \_\_\_\_\_

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**8. PROFESSIONAL DESIGNATIONS**

Select each designation you currently maintain.

- ☐ Certified Financial Planner
- ☐ Chartered Financial Consultant (ChFC)
- ☐ Personal Financial Specialist (PFS)
- ☐ Chartered Financial Analyst (CFA)
- ☐ Chartered Investment Counselor (CIC)

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**9. IDENTIFYING INFORMATION/NAME CHANGE**

**First Name:**  
JOHN

**Middle Name:**  
JOSEPH

**Last Name:**  
BURNS

<b>Suffix:</b>	<b>Date of Birth</b> (MM/DD/YYYY) 06/17/1952	
<b>State/Province of Birth</b> NEW YORK	<b>Country of Birth</b> USA	<b>Sex</b> <input checked="" type="radio"/> Male <input type="radio"/> Female
<b>Height (ft)</b> 6	<b>Height (in)</b> 3	<b>Weight (lbs)</b> 220
<b>Hair Color</b> Brown	<b>Eye Color</b> Brown	

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**10. OTHER NAMES**

No Information Filed

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**11. RESIDENTIAL HISTORY**

Starting with the current address, give all addresses for the past 5 years. Report changes as they occur.

From	To	Street	City	State	Country	Postal Code
08/1983	PRESENT	15 VAUGHN DRIVE	MIDDLETOWN	NJ	USA	07748

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**12. EMPLOYMENT HISTORY**

Provide complete employment history for the past 10 years. Include the *firm(s)* noted in Section 1 (GENERAL INFORMATION) and Section 6 (REGISTRATION REQUESTS WITH AFFILIATED FIRMS). Include all *firm(s)* from Section 3 (REGISTRATION WITH UNAFFILIATED FIRMS). Account for all time including full and part-time employments, self-employment, military service, and homemaking. Also include statuses such as unemployed, full-time education, extended travel, or other similar statuses. Report changes as they occur.

From	To	Name of Firm or Company	Investment-Related business?	City	State	Country	Position
05/2008	PRESENT	R. SEELAUS & CO	<input checked="" type="radio"/> Yes <input type="radio"/> No	SUMMIT	NJ	USA	REGISTERED REP
07/1990	PRESENT	BURNS ASSET MANAGEMENT, LLC	<input checked="" type="radio"/> Yes <input type="radio"/> No	MIDDLETOWN	NJ	USA	MANAGING MEMBER
08/1990	06/2006	FIRST MONTAUK SECURITIES CORP.	<input checked="" type="radio"/> Yes <input type="radio"/> No	MIDDLETOWN	NJ	USA	REGISTERED REPRESENTATIVE
04/1984	07/1990	SHEARSON LEHMAN	<input checked="" type="radio"/> Yes <input type="radio"/> No	SHREWSBURY	NJ	USA	R.R.

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**13. OTHER BUSINESS**

Are you currently engaged in any other business either as a proprietor, partner, officer, director, employee, trustee, agent or otherwise? (Please exclude non *investment-related* activity that is exclusively

charitable, civic, religious or fraternal and is recognized as tax exempt.) If YES, please provide the following details: the name of the other business, whether the business is *investment-related*, the address of the other business, the nature of the other business, your position, title, or relationship with the other business, the start date of your relationship, the approximate number of hours/month you devote to the other business, the number of hours you devote to the other business during securities trading hours, and briefly describe your duties relating to the other business.

☐ Yes ☒ No

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#### 14. DISCLOSURE QUESTIONS

**IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS 'YES', COMPLETE DETAILS OF ALL EVENTS OR PROCEEDINGS ON APPROPRIATE DRP(S)**

**REFER TO THE EXPLANATION OF TERMS SECTION OF FORM U4 INSTRUCTIONS FOR EXPLANATIONS OF ITALICIZED TERMS.**

##### Criminal Disclosure

14A. (1) Have you ever:	YES	NO
(a) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any <i>felony</i> ?	<input type="radio"/>	<input checked="" type="radio"/>
(b) been <i>charged</i> with any <i>felony</i> ?	<input type="radio"/>	<input checked="" type="radio"/>
<b>(2) Based upon activities that occurred while you exercised <i>control</i> over it, has an organization ever:</b>		
(a) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic or foreign court to any <i>felony</i> ?	<input type="radio"/>	<input checked="" type="radio"/>
(b) been <i>charged</i> with any <i>felony</i> ?	<input type="radio"/>	<input checked="" type="radio"/>

<b>14B. (1) Have you ever:</b>		
(a) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign or military court to a <i>misdemeanor involving</i> : investments or an <i>investment-related</i> business or any fraud, false statements or omissions, wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion, or a conspiracy to commit any of these offenses?	<input type="radio"/>	<input checked="" type="radio"/>
(b) been <i>charged</i> with a <i>misdemeanor</i> specified in 14B(1)(a)?	<input type="radio"/>	<input checked="" type="radio"/>
<b>(2) Based upon activities that occurred while you exercised <i>control</i> over it, has an organization ever:</b>		
(a) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic or foreign court to a <i>misdemeanor</i> specified in 14B(1)(a)?	<input type="radio"/>	<input checked="" type="radio"/>
(b) been <i>charged</i> with a <i>misdemeanor</i> specified in 14B(1)(a)?	<input type="radio"/>	<input checked="" type="radio"/>

##### Regulatory Action Disclosure

14C. Has the U.S. Securities and Exchange Commission or the Commodity Futures Trading Commission ever:	YES	NO
(1) <i>found</i> you to have made a false statement or omission?	<input type="radio"/>	<input checked="" type="radio"/>
(2) <i>found</i> you to have been <i>involved</i> in a violation of its regulations or statutes?	<input type="radio"/>	<input checked="" type="radio"/>
(3) <i>found</i> you to have been a cause of an <i>investment-related</i> business having its		

authorization to do business denied, suspended, revoked, or restricted?	<input type="radio"/>	<input checked="" type="radio"/>
(4) entered an <i>order</i> against you in connection with <i>investment-related</i> activity?	<input type="radio"/>	<input checked="" type="radio"/>
(5) imposed a civil money penalty on you, or <i>ordered</i> you to cease and desist from any activity?	<input type="radio"/>	<input checked="" type="radio"/>
<hr/>		
<b>14D(1) Has any other Federal regulatory agency or any state regulatory agency or foreign financial regulatory authority ever:</b>		
(a) <i>found</i> you to have made a false statement or omission or been dishonest, unfair or unethical?	<input type="radio"/>	<input checked="" type="radio"/>
(b) <i>found</i> you to have been <i>involved</i> in a violation of <i>investment-related</i> regulation(s) or statute(s)?	<input type="radio"/>	<input checked="" type="radio"/>
(c) <i>found</i> you to have been a cause of an <i>investment-related</i> business having its authorization to do business denied, suspended, revoked or restricted?	<input type="radio"/>	<input checked="" type="radio"/>
(d) entered an <i>order</i> against you in connection with an <i>investment-related</i> activity?	<input type="radio"/>	<input checked="" type="radio"/>
(e) denied, suspended, or revoked your registration or license or otherwise, by <i>order</i> , prevented you from associating with an <i>investment-related</i> business or restricted your activities?	<input type="radio"/>	<input checked="" type="radio"/>
<hr/>		
<b>14D(2) Have you been subject to any <i>final order</i> of a state securities commission (or any agency or officer performing like functions), state authority that supervises or examines banks, savings associations, or credit unions, state insurance commission (or any agency or office performing like functions), an appropriate federal banking agency, or the National Credit Union Administration, that:</b>		
(a) bars you from association with an entity regulated by such commission, authority, agency, or officer, or from engaging in the business of securities, insurance, banking, savings association activities, or credit union activities; or	<input type="radio"/>	<input checked="" type="radio"/>
(b) constitutes a <i>final order</i> based on violations of any laws or regulations that prohibit fraudulent, manipulative, or deceptive conduct?	<input type="radio"/>	<input checked="" type="radio"/>
<hr/>		
<b>14E. Has any <i>self-regulatory organization</i> or commodities exchange ever:</b>		
(1) <i>found</i> you to have made a false statement or omission?	<input type="radio"/>	<input checked="" type="radio"/>
(2) <i>found</i> you to have been <i>involved</i> in a violation of its rules (other than a violation designated as a " <i>minor rule violation</i> " under a plan approved by the U.S. Securities and Exchange Commission)?	<input type="radio"/>	<input checked="" type="radio"/>
(3) <i>found</i> you to have been the cause of an <i>investment-related</i> business having its authorization to do business denied, suspended, revoked or restricted?	<input type="radio"/>	<input checked="" type="radio"/>
(4) disciplined you by expelling or suspending you from membership, barring or suspending your association with its members, or restricting your activities?	<input type="radio"/>	<input checked="" type="radio"/>
<hr/>		
<b>14F. Have you ever had an authorization to act as an attorney, accountant or federal contractor that was revoked or suspended?</b>	<input type="radio"/>	<input checked="" type="radio"/>
<hr/>		
<b>14G. Have you been notified, in writing, that you are now the subject of any:</b>		
(1) regulatory complaint or <i>proceeding</i> that could result in a "yes" answer to any part of 14C, D or E? ( <i>If yes, complete the Regulatory Action Disclosure Reporting Page.</i> )	<input type="radio"/>	<input checked="" type="radio"/>
(2) <i>investigation</i> that could result in a "yes" answer to any part of 14A, B, C, D or E? ( <i>If</i>	<input type="radio"/>	<input checked="" type="radio"/>

*yes, complete the Investigation Disclosure Reporting Page.)*

#### Civil Judicial Disclosure

- 14H. (1) Has any domestic or foreign court ever:** YES NO
- (a) *enjoined* you in connection with any *investment-related* activity? ☐ YES ☒ NO
- (b) *found* that you were *involved* in a violation of any *investment-related* statute(s) or regulation(s)? ☐ YES ☒ NO
- (c) dismissed, pursuant to a settlement agreement, an *investment-related* civil action brought against you by a state or *foreign financial regulatory authority*? ☐ YES ☒ NO
- (2) Are you named in any pending *investment-related* civil action that could result in a "yes" answer to any part of 14H(1)?** ☐ YES ☒ NO

#### Customer Complaint/Arbitration/Civil Litigation Disclosure

- 14I. (1) Have you ever been named as a respondent/defendant in an *investment-related*, consumer-initiated arbitration or civil litigation which alleged that you were *involved* in one or more *sales practice violations* and which:** YES NO
- (a) is still pending, or; ☐ YES ☒ NO
- (b) resulted in an arbitration award or civil judgment against you, regardless of amount, or; ☒ YES ☐ NO
- (c) was settled for an amount of \$10,000 or more? ☒ YES ☐ NO
- (2) Have you ever been the subject of an *investment-related*, consumer-initiated complaint, not otherwise reported under question 14I(1) above, which alleged that you were *involved* in one or more *sales practice violations*, and which complaint was settled for an amount of \$10,000 or more?** ☒ YES ☐ NO
- (3) Within the past twenty four (24) months, have you been the subject of an *investment-related*, consumer-initiated, written complaint, not otherwise reported under question 14I(1) or (2) above, which:**
- (a) alleged that you were *involved* in one or more *sales practice violations* and contained a claim for compensatory damages of \$5,000 or more (if no damage amount is alleged, the complaint must be reported unless the firm has made a good faith determination that the damages from the alleged conduct would be less than \$5,000), or; ☐ YES ☒ NO
- (b) alleged that you were *involved* in forgery, theft, misappropriation or conversion of funds or securities? ☐ YES ☒ NO

#### Termination Disclosure

- 14J. Have you ever voluntarily *resigned*, been discharged or permitted to *resign* after allegations were made that accused you of:** YES NO
- (1) violating *investment-related* statutes, regulations, rules, or industry standards of conduct? ☐ YES ☒ NO
- (2) fraud or the wrongful taking of property? ☐ YES ☒ NO
- (3) failure to supervise in connection with *investment-related* statutes, regulations, rules or industry standards of conduct? ☐ YES ☒ NO

#### Financial Disclosure

- 14K. Within the past 10 years:** YES NO
- (1) have you made a compromise with creditors, filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition? ☐ YES ☒ NO
- (2) based upon events that occurred while you exercised *control* over it, has an organization made a compromise with creditors, filed a bankruptcy petition or been the subject of an ☐ YES ☒ NO

involuntary bankruptcy petition?

- (3) based upon events that occurred while you exercised *control* over it, has a broker or dealer been the subject of an involuntary bankruptcy petition, or had a trustee appointed, or had a direct payment procedure initiated under the Securities Investor Protection Act?



**14L. Has a bonding company ever denied, paid out on, or revoked a bond for you?**



**14M. Do you have any unsatisfied judgments or liens against you?**



Rev. Form U4 (10/2005)

## 15. SIGNATURE SECTION

Please Read Carefully

All signatures required on this Form U4 filing must be made in this section.

A "signature" includes a manual signature or an electronically transmitted equivalent. For purposes of an electronic form filing, a signature is effected by typing a name in the designated signature field. By typing a name in this field, the signatory acknowledges and represents that the entry constitutes in every way, use, or aspect, his or her legally binding signature.

**15A INDIVIDUAL/APPLICANT'S ACKNOWLEDGMENT AND CONSENT**

This section must be completed on all initial or Temporary Registration form filings.

**15B FIRM/APPROPRIATE SIGNATORY REPRESENTATIONS**

This section must be completed on all initial or Temporary Registration form filings.

**15C TEMPORARY REGISTRATION ACKNOWLEDGMENT**

This section must be completed on Temporary Registration form filings to be able to receive Temporary Registration.

**15D INDIVIDUAL/APPLICANT'S AMENDMENT ACKNOWLEDGMENT AND CONSENT**

This section must be completed on any amendment filing that amends any information in Section 14 (Disclosure Questions) or any Disclosure Reporting Page (DRP).

**15E FIRM/APPROPRIATE SIGNATORY AMENDMENT REPRESENTATIONS**

This section must be completed on all amendment form filings.

**15F FIRM/APPROPRIATE SIGNATORY CONCURRENCE**

This section must be completed to concur with a U4 filing made by another *firm* (IA/BD) on behalf of an individual that is also registered with that other *firm* (IA/BD).

### 15C. TEMPORARY REGISTRATION ACKNOWLEDGMENT

If an *applicant* has been registered in a *jurisdiction* or *self regulatory organization (SRO)* in the 30 days prior to the date an application for registration is filed with the Central Registration Depository or Investment Adviser Registration Depository, he or she may qualify for a Temporary Registration to conduct securities business in that *jurisdiction* or *SRO* if this acknowledgment is executed and filed with the Form U4 at the *applicant's firm*.

This acknowledgment must be signed only if the *applicant* intends to apply for a Temporary Registration while the application for registration is under review.

I request a Temporary Registration in each *jurisdiction* and/or *SRO* requested on this Form U4, while my registration with the *jurisdiction(s)* and/or *SRO(s)* requested is under review;

I am requesting a Temporary Registration with the *firm* filing on my behalf for the *jurisdiction(s)* and/or

*SRO(s)* noted in Section 4 (SRO REGISTRATION) and/or Section 5 (JURISDICTION REGISTRATION) of this Form U4;

I understand that I may request a Temporary Registration only in those *jurisdiction(s)* and/or *SRO(s)* in which I have been registered with my prior *firm* within the previous 30 days;

I understand that I may not engage in any securities activities requiring registration in a *jurisdiction* and/or *SRO* until I have received notice from the CRD or IARD that I have been granted a Temporary Registration in that *jurisdiction* and/or *SRO*;

I agree that until the Temporary Registration has been replaced by a registration, any *jurisdiction* and/or *SRO* in which I have applied for registration may withdraw the Temporary Registration;

If a *jurisdiction* or *SRO* withdraws my Temporary Registration, my application will then be held pending in that *jurisdiction* and/or *SRO* until its review is complete and the registration is granted or denied, or the application is withdrawn;

I understand and agree that, in the event my Temporary Registration is withdrawn by a *jurisdiction* and/or *SRO*, I must immediately cease any securities activities requiring a registration in that *jurisdiction* and/or *SRO* until it grants my registration;

I understand that by executing this Acknowledgment I am agreeing not to challenge the withdrawal of a Temporary Registration; however, I do not waive any right I may have in any *jurisdiction* and/or *SRO* with respect to any decision by that *jurisdiction* and/or *SRO* to deny my application for registration.

Date (MM/DD/YYYY)

Signature of *Applicant*

Signature \_\_\_\_\_

#### 15D. AMENDMENT INDIVIDUAL/APPLICANT'S ACKNOWLEDGMENT AND CONSENT

Date (MM/DD/YYYY)

Signature of *Applicant*

Signature \_\_\_\_\_

#### 15E. FIRM/APPROPRIATE SIGNATORY AMENDMENT REPRESENTATIONS

Date (MM/DD/YYYY)

10/17/2008

Signature of *Appropriate Signatory*

RICHARD SEELAUS

Signature \_\_\_\_\_

Rev. Form U4 (10/2005)

#### CRIMINAL DRP

No Information Filed

Rev. Form U4 (10/2005)

#### REGULATORY ACTION DRP

No Information Filed

Rev. Form U4 (10/2005)

#### CIVIL JUDICIAL DRP

No Information Filed

Rev. Form U4 (10/2005)

#### CUSTOMER COMPLAINT/ARBITRATION/CIVIL LITIGATION DRP



This Disclosure Reporting Page is an ☐ INITIAL OR ☒ AMENDED response to report details for affirmative response to **Question 14I** on Form U4;

**Check question(s) you are responding to:**

**Customer Complaint/Arbitration/Civil Litigation**

☐ 14I (1)(a) ☐ 14I (1)(b) ☐ 14I (1)(c) ☐ 14I (2) ☐ 14I (3)(a) ☐ 14I (3)(b)

One event may result in more than one affirmative answer to the above items. Use only one DRP to report details related to one customer complaint/arbitration/civil litigation. Use a separate DRP for each customer complaint/arbitration/civil litigation.

DRP Instructions:

- In all matters (i.e., customer complaints, arbitrations/CFTC reparations, civil litigations), complete items 1-6.
- If the matter involves only a customer complaint, also complete items 7-12, as appropriate.
- If the customer complaint has evolved into an arbitration/CFTC reparation or civil litigation, amend the existing DRP by completing items 9 and 10.
- If the matter involves an arbitration or CFTC reparation, complete items 13-19, as appropriate.
- If the matter involves a civil litigation, complete items 20-27.
- Item 28 is an optional field and applies to all event types (i.e., customer complaint, arbitration/CFTC reparation, civil litigation).

Complete items 1-6 for all events.

1. Customer Name(s):

ETHELYN TYSON ROSE INDIVIDUALLY AND AS ADMINISTRATIX AND AS CUSTODIAN SUSAN CLARK AS CUSTODIAN

2. Customer(s) State of Residence:

Other state(s) of residence/detail:

3. Employing *Firm* when activities occurred which led to the complaint:

SHEARSON LEHMAN BROTHERS INC.

4. Allegation(s) and a brief summary of events related to the allegation(s) including dates when activities leading to the allegation(s) occurred:

UNAUTHORIZED TRADING UNSUITABLE TRADING, FORGERY, CHURNING, ALLEGED DAMAGES \$524,500 PLUS PUNITIVE DAMAGES.

5. Principal Product Type:

Other Product Types:

Alleged Compensatory Damage

6. Amount: \$ 524,500.00

**If the matter involves only a customer complaint, complete items 7-12, as appropriate.**

7. Date Customer Complaint was received (MM/DD/YYYY):

☒ Exact ☐ Explanation

If not exact, provide explanation:

Is the customer complaint



8. pending? ☐ Yes ☒ No

**If the customer complaint has evolved into an arbitration/CFTC reparation or civil litigation, amend the existing DRP by completing items 9 and 10.**

9. If the customer complaint is not pending, provide status:

If status is settlement, complete items 11 and 12;

If status is arbitration/reparation, complete items 13-19;

If status is litigation, complete items 20-27.

☐ Closed/No Action

☐ Withdrawn

☐ Denied

☐ Settled

☒ Arbitration/Reparation

☒ Litigation

10. Status Date (MM/DD/YYYY):

☐ Exact ☐ Explanation

If not exact, provide explanation:

Settlement Amount (if settled without arbitration, litigation or  
11. reparation): \$

Individual Contribution  
12. Amount: \$

**If the matter involves an arbitration or CFTC reparation, complete items 13-19, as appropriate.**

13. Arbitration/Reparation claim filed with (FINRA, AAA, NYSE, CBOE, CFTC, etc.) and Docket/Case Number:  
National Association of Securities Dealers, Inc.; 89-02580

14. Date notice/process was served (MM/DD/YYYY):

09/15/1989 ☐ Exact ☐ Explanation

If not exact, provide explanation:

Is arbitration/reparation  
15. pending? ☐ Yes ☒ No

16. If the arbitration is not pending, what was the disposition?  
Award to Customer

17. Disposition Date (MM/DD/YYYY):

02/07/1991 ☐ Exact ☐ Explanation

If not exact, provide explanation:

Amount of Monetary Compensation (award, settlement,  
18. reparation amount): \$ 285,845.00

Individual Contribution  
19. Amount: \$ 0.00

**If the matter involves a civil litigation, complete items 20-27.**

20. Court that case was filed in (include name of Federal, Military, State or Foreign Court, Location of

Court - City or County and State or Country, Docket/Case number).  
US DISTRICT; NJ; 89-1358(JCL)

21. Date notice/process was served (MM/DD/YYYY):

04/04/1989 ☐ **Exact** ☐ **Explanation**

If not exact, provide explanation:

22. Is the civil litigation pending? ☐ **Yes** ☒ **No**

23. If the civil litigation is not pending, what was the disposition?

Judgment (other than monetary)

24. Disposition Date (MM/DD/YYYY):

☐ **Exact** ☐ **Explanation**

If not exact, provide explanation:

Amount of Monetary Compensation (judgment, restitution,  
25. settlement amount): \$

Individual Contribution  
26. Amount: \$

27. If the action is currently on appeal enter date appeal filed (MM/DD/YYYY):

☐ **Exact** ☐ **Explanation**

If not exact, provide explanation:

28. Comment (Optional). You may use this field to provide a brief summary of the circumstances leading to the customer complaint, arbitration/CFTC reparation and/or civil litigation as well as the current status or final disposition(s). Your information must fit within the space provided.  
NO DAMAGES PAID, NO PUNITIVE DAMAGES PAID, NO INTEREST PAID, LIMITED PARTNERSHIPS TRANSFERRED TO SHEARSON AT DISCOUNT OF ORGINAL VALUE, NO LEGAL FEES AWARDED, NO DISCIPLINARY ACTION TAKEN. RESPONDENTS DENIED THAT THEY MISHANDLED CLIENT ACCOUNTS OR BREACHED ANY DUTIES OWED TO CLAIMANTS AND SUBMITTED THAT ALL OF THE INVESTMENTS RECOMMENDED TO CLAIMANTS AND MADE BY CLAIMANTS WERE THOROUGHLY DISCUSSED WITH CLAIMANTS IN ADVANCE AND WERE DEEMED SUITABLE GIVEN THEIR INVESTMENT OBJECTIVES AND NEEDS AT THE TIME THEY WERE MADE. MR. BURNS ALSO DENIED THAT HE FORGED OR HAD FORGED CLAIMANTS SIGNATURE. RESPONDENTS ALSO MAINTAINED THAT THERE WERE SUBSTANTIAL GAINS MADE IN CLAIMANTS ACCOUNTS.

This Disclosure Reporting Page is an ☐ **INITIAL OR** ☒ **AMENDED** response to report details for affirmative response to **Question 14I** on Form U4;

**Check question(s) you are responding to:**

**Customer Complaint/Arbitration/Civil Litigation**

☐ **14I (1)(a)** ☐ **14I (1)(b)** ☐ **14I (1)(c)** ☐ **14I (2)** ☐ **14I (3)(a)** ☐ **14I (3)(b)**

One event may result in more than one affirmative answer to the above items. Use only one DRP to report details related to one customer complaint/arbitration/civil litigation. Use a separate DRP for each customer complaint/arbitration/civil litigation.

## DRP Instructions:

- In all matters (i.e., customer complaints, arbitrations/CFTC reparations, civil litigations), complete items 1-6.
- If the matter involves only a customer complaint, also complete items 7-12, as appropriate.
- If the customer complaint has evolved into an arbitration/CFTC reparation or civil litigation, amend the existing DRP by completing items 9 and 10.
- If the matter involves an arbitration or CFTC reparation, complete items 13-19, as appropriate.
- If the matter involves a civil litigation, complete items 20-27.
- Item 28 is an optional field and applies to all event types (i.e., customer complaint, arbitration/CFTC reparation, civil litigation).

Complete items 1-6 for all events.

## 1. Customer Name(s):

FR. EDWARD STRANO

## 2. Customer(s) State of Residence:

Other state(s) of residence/detail:

3. Employing *Firm* when activities occurred which led to the complaint:

SHEARSON LEHMAN BROTHERS INC.

## 4. Allegation(s) and a brief summary of events related to the allegation(s) including dates when activities leading to the allegation(s) occurred:

CUSTOMER BROUGHT CLAIM AGAINST SHEARSON LEHMAN BROTHERS AS A RESULT OF INVESTMENT IN LIMITED PARTNERSHIPS. SHEARSON IMPROPERLY MARKETING PARTNERSHIPS TO INVESTORSE.

## 5. Principal Product Type:

Other Product Types:

Alleged Compensatory Damage

## 6. Amount: \$ 100,000.00

**If the matter involves only a customer complaint, complete items 7-12, as appropriate.**

## 7. Date Customer Complaint was received (MM/DD/YYYY):

☐ Exact ☐ Explanation

If not exact, provide explanation:

Is the customer complaint

8. pending? ☐ Yes ☒ No

**If the customer complaint has evolved into an arbitration/CFTC reparation or civil litigation, amend the existing DRP by completing items 9 and 10.**

## 9. If the customer complaint is not pending, provide status:

If status is settlement, complete items 11 and 12;

If status is arbitration/reparation, complete items 13-19;

If status is litigation, complete items 20-27.

☐ Closed/No Action

☐ Withdrawn

☐ Denied

☐ Settled

☒ Arbitration/Reparation

☐ Litigation

10. Status Date (MM/DD/YYYY):

☐ Exact ☐ Explanation

If not exact, provide explanation:

Settlement Amount (if settled without arbitration, litigation or

11. reparation): \$

Individual Contribution

12. Amount: \$

**If the matter involves an arbitration or CFTC reparation, complete items 13-19, as appropriate.**

13. Arbitration/Reparation claim filed with (FINRA, AAA, NYSE, CBOE, CFTC, etc.) and Docket/Case Number:

NATIONAL ASSOCIATION OF SECURITIES DEALERS, INC.; 92-01382

14. Date notice/process was served (MM/DD/YYYY):

06/04/1992 ☐ Exact ☐ Explanation

If not exact, provide explanation:

Is arbitration/reparation

15. pending? ☐ Yes ☒ No

16. If the arbitration is not pending, what was the disposition?

Settled

17. Disposition Date (MM/DD/YYYY):

11/14/1994 ☐ Exact ☐ Explanation

If not exact, provide explanation:

Amount of Monetary Compensation (award, settlement,

18. reparation amount): \$ 55,000.00

Individual Contribution

19. Amount: \$ 0.00

**If the matter involves a civil litigation, complete items 20-27.**

20. Court that case was filed in (include name of Federal, Military, State or Foreign Court, Location of Court - City or County and State or Country, Docket/Case number).

21. Date notice/process was served (MM/DD/YYYY):

☐ Exact ☐ Explanation

If not exact, provide explanation:

22. Is the civil litigation pending? ☐ Yes ☐ No

23. If the civil litigation is not pending, what was the disposition?

24. Disposition Date (MM/DD/YYYY):

☐ Exact ☐ Explanation

If not exact, provide explanation:

Amount of Monetary Compensation (judgment, restitution,  
25. settlement amount): \$

Individual Contribution  
26. Amount: \$

27. If the action is currently on appeal enter date appeal filed (MM/DD/YYYY):

☐ Exact ☐ Explanation

If not exact, provide explanation:

28. Comment (Optional). You may use this field to provide a brief summary of the circumstances leading to the customer complaint, arbitration/CFTC reparation and/or civil litigation as well as the current status or final disposition(s). Your information must fit within the space provided.  
SHEARSON LEHMAN BROTHERS PAID CUSTOMER \$55,000 IN SETTLEMENT OF ALL CLAIMS. I DID NOT CONTRIBUTE TOWARD THE SETTLEMENT. THE CUSTOMER INITIALLY BROUGHT THEIR ARBITRATION COMPLAINT ONLY AGAINST SHEARSON AND NOT AGAINST ME. SHEARSON BROUGHT ME IN AS A THIRD PARTY RESPONDENT. THE CLAIM AGAINST SHEARSON INVOLVED THE MARKETING OF THE PARTNERSHIPS WITH WHICH I WAS NOT CONNECTED.

This Disclosure Reporting Page is an ☐ INITIAL OR ☒ AMENDED response to report details for affirmative response to **Question 14I** on Form U4;

**Check question(s) you are responding to:**

**Customer Complaint/Arbitration/Civil Litigation**

☐ 14I(1)(a) ☐ 14I(1)(b) ☐ 14I(1)(c) ☐ 14I(2) ☐ 14I(3)(a) ☐ 14I(3)(b)

One event may result in more than one affirmative answer to the above items. Use only one DRP to report details related to one customer complaint/arbitration/civil litigation. Use a separate DRP for each customer complaint/arbitration/civil litigation.

DRP Instructions:

- In all matters (i.e., customer complaints, arbitrations/CFTC reparations, civil litigations), complete items 1-6.
- If the matter involves only a customer complaint, also complete items 7-12, as appropriate.
- If the customer complaint has evolved into an arbitration/CFTC reparation or civil litigation, amend the existing DRP by completing items 9 and 10.
- If the matter involves an arbitration or CFTC reparation, complete items 13-19, as appropriate.
- If the matter involves a civil litigation, complete items 20-27.
- Item 28 is an optional field and applies to all event types (i.e., customer complaint, arbitration/CFTC reparation, civil litigation).

Complete items 1-6 for all events.

1. Customer Name(s):  
JOHN WALBY

2. Customer(s) State of Residence:

Other state(s) of residence/detail:

3. Employing *Firm* when activities occurred which led to the complaint:  
SHEARSON LEHMAN BROTHERS INC.

4. Allegation(s) and a brief summary of events related to the allegation(s) including dates when activities leading to the allegation(s) occurred:  
CUSTOMER BROUGHT CLAIM AGAINST SHEARSON LEHMAN BROS AS A RESULT OF INVESTMENT IN LIMITED PARTNERSHIPS. SHEARSON IMPROPERLY MARKETED PARTNERSHIPS TO INVESTORS.

5. Principal Product Type:

Other Product Types:

Alleged Compensatory Damage

6. Amount: \$

**If the matter involves only a customer complaint, complete items 7-12, as appropriate.**

7. Date Customer Complaint was received (MM/DD/YYYY):

☐ Exact ☐ Explanation

If not exact, provide explanation:

Is the customer complaint

8. pending? ☐ Yes ☒ No

**If the customer complaint has evolved into an arbitration/CFTC reparation or civil litigation, amend the existing DRP by completing items 9 and 10.**

9. If the customer complaint is not pending, provide status:  
If status is settlement, complete items 11 and 12;  
If status is arbitration/reparation, complete items 13-19;  
If status is litigation, complete items 20-27.

☐ Closed/No Action

☐ Withdrawn

☐ Denied

☐ Settled

☒ Arbitration/Reparation

☐ Litigation

10. Status Date (MM/DD/YYYY):

☐ Exact ☐ Explanation

If not exact, provide explanation:

Settlement Amount (if settled without arbitration, litigation or

11. reparation): \$

Individual Contribution

12. Amount: \$

**If the matter involves an arbitration or CFTC reparation, complete items 13-19, as appropriate.**

13. Arbitration/Reparation claim filed with (FINRA, AAA, NYSE, CBOE, CFTC, etc.) and Docket/Case Number:  
NATIONAL ASSOCIATION OF SECURITIES DEALERS, INC.

14. Date notice/process was served (MM/DD/YYYY):

02/23/1993 ☐ **Exact** ☐ **Explanation**

If not exact, provide explanation:

Is arbitration/reparation

15. pending? ☐ **Yes** ☒ **No**

16. If the arbitration is not pending, what was the disposition?

Settled

17. Disposition Date (MM/DD/YYYY):

06/08/1994 ☐ **Exact** ☐ **Explanation**

If not exact, provide explanation:

Amount of Monetary Compensation (award, settlement,  
18. reparation amount):

\$ 50,000.00

Individual Contribution

19. Amount: \$ 0.00

**If the matter involves a civil litigation, complete items 20-27.**

20. Court that case was filed in (include name of Federal, Military, State or Foreign Court, Location of Court - City or County and State or Country, Docket/Case number).

21. Date notice/process was served (MM/DD/YYYY):

☐ **Exact** ☐ **Explanation**

If not exact, provide explanation:

22. Is the civil litigation pending? ☐ **Yes** ☐ **No**

23. If the civil litigation is not pending, what was the disposition?

24. Disposition Date (MM/DD/YYYY):

☐ **Exact** ☐ **Explanation**

If not exact, provide explanation:

Amount of Monetary Compensation (judgment, restitution,  
25. settlement amount):

\$

Individual Contribution

26. Amount: \$

27. If the action is currently on appeal enter date appeal filed (MM/DD/YYYY):

☐ **Exact** ☐ **Explanation**

If not exact, provide explanation:

28. Comment (Optional). You may use this field to provide a brief summary of the circumstances leading to the customer complaint, arbitration/CFTC reparation and/or civil litigation as well as the current status or final disposition(s). Your information must fit within the space provided.

SHEARSON LEHMAN BROS. PAID TO CUSTOMER \$50,000 IN SETTLEMENT OF ALL CLAIMS. I DID NOT CONTRIBUTE TOWARD THE SETTLEMENT. THE CUSTOMER INITIALLY BROUGHT THEIR ARBITRATION COMPLAINT ONLY AGAINST SHEARSON AND NOT AGAINST ME. SHEARSON BROUGHT ME IN AS A THIRD PARTY RESPONDENT. THE CLAIM AGAINST SHEARSON INVOLVED THE MARKETING OF THE PARTNERSHIPS WITH WHICH I WAS NOT CONNECTED.

This Disclosure Reporting Page is an ☐ INITIAL OR ☒ AMENDED response to report details for affirmative response to **Question 14I** on Form U4;

**Check question(s) you are responding to:**

**Customer Complaint/Arbitration/Civil Litigation**

☐ 14I (1)(a)    ☐ 14I (1)(b)    ☐ 14I (1)(c)    ☐ 14I (2)    ☐ 14I (3)(a)    ☐ 14I (3)(b)

One event may result in more than one affirmative answer to the above items. Use only one DRP to report details related to one customer complaint/arbitration/civil litigation. Use a separate DRP for each customer complaint/arbitration/civil litigation.

DRP Instructions:

- In all matters (i.e., customer complaints, arbitrations/CFTC reparations, civil litigations), complete items 1-6.
- If the matter involves only a customer complaint, also complete items 7-12, as appropriate.
- If the customer complaint has evolved into an arbitration/CFTC reparation or civil litigation, amend the existing DRP by completing items 9 and 10.
- If the matter involves an arbitration or CFTC reparation, complete items 13-19, as appropriate.
- If the matter involves a civil litigation, complete items 20-27.
- Item 28 is an optional field and applies to all event types (i.e., customer complaint, arbitration/CFTC reparation, civil litigation).

Complete items 1-6 for all events.

1. Customer Name(s):

CUSTOMER ARBITRATION BY EARL SEITZ AS EXECUTOR FOR THE ESTATE OF ERIC PEEBLES

2. Customer(s) State of Residence:

Other state(s) of residence/detail:

3. Employing *Firm* when activities occurred which led to the complaint:

SHEARSON LEHMAN BROTHERS INC.

4. Allegation(s) and a brief summary of events related to the allegation(s) including dates when activities leading to the allegation(s) occurred:

INAPPROPRIATE AND UNSUITABLE INVESTMENT RECOMMENDATIONS WITH RESPECT TO THE CUSTOMERS PURCHASE OF LIMITED PARTNERSHIPS. THESE ALLEGATIONS WERE BROUGHT BY THE EXECUTOR OF THE ESTATE OF THE CLIENTS AFTER THE CLIENTS HAD PASSED AWAY.

5. Principal Product Type:

Other Product Types:

Alleged Compensatory Damage



6. Amount: \$ 522,013.00

**If the matter involves only a customer complaint, complete items 7-12, as appropriate.**

7. Date Customer Complaint was received (MM/DD/YYYY):

☐ Exact ☐ Explanation

If not exact, provide explanation:

Is the customer complaint

8. pending? ☐ Yes ☒ No

**If the customer complaint has evolved into an arbitration/CFTC reparation or civil litigation, amend the existing DRP by completing items 9 and 10.**

9. If the customer complaint is not pending, provide status:

If status is settlement, complete items 11 and 12;

If status is arbitration/reparation, complete items 13-19;

If status is litigation, complete items 20-27.

☐ Closed/No Action

☐ Withdrawn

☐ Denied

☐ Settled

☒ Arbitration/Reparation

☐ Litigation

10. Status Date (MM/DD/YYYY):

☐ Exact ☐ Explanation

If not exact, provide explanation:

Settlement Amount (if settled without arbitration, litigation or

11. reparation): \$

Individual Contribution

12. Amount: \$

**If the matter involves an arbitration or CFTC reparation, complete items 13-19, as appropriate.**

13. Arbitration/Reparation claim filed with (FINRA, AAA, NYSE, CBOE, CFTC, etc.) and Docket/Case Number:

NATIONAL ASSOCIATION OF SECURITIES DEALERS, INC.; 92-03657

14. Date notice/process was served (MM/DD/YYYY):

11/09/1992 ☐ Exact ☐ Explanation

If not exact, provide explanation:

Is arbitration/reparation

15. pending? ☐ Yes ☒ No

16. If the arbitration is not pending, what was the disposition?

Settled

17. Disposition Date (MM/DD/YYYY):

04/14/1994 ☐ Exact ☐ Explanation

If not exact, provide explanation:

Amount of Monetary Compensation (award, settlement,  
18. reparation amount): \$ 210,000.00

Individual Contribution  
19. Amount: \$ 0.00

**If the matter involves a civil litigation, complete items 20-27.**

20. Court that case was filed in (include name of Federal, Military, State or Foreign Court, Location of Court - City or County and State or Country, Docket/Case number).

21. Date notice/process was served (MM/DD/YYYY):

☐ **Exact** ☐ **Explanation**

If not exact, provide explanation:

22. Is the civil litigation pending? ☐ **Yes** ☐ **No**

23. If the civil litigation is not pending, what was the disposition?

24. Disposition Date (MM/DD/YYYY):

☐ **Exact** ☐ **Explanation**

If not exact, provide explanation:

Amount of Monetary Compensation (judgment, restitution,  
25. settlement amount): \$

Individual Contribution  
26. Amount: \$

27. If the action is currently on appeal enter date appeal filed (MM/DD/YYYY):

☐ **Exact** ☐ **Explanation**

If not exact, provide explanation:

28. Comment (Optional). You may use this field to provide a brief summary of the circumstances leading to the customer complaint, arbitration/CFTC reparation and/or civil litigation as well as the current status or final disposition(s). Your information must fit within the space provided.

SHEARSON LEHMAN BROS. PAID THE CLAIMANTS \$210,000 IN FULL SETTLEMENT OF ALL CLAIMS. I DID NOT CONTRIBUTE TOWARD OR AGREE WITH THE SETTLEMENT. [CUSTOMERS] DID NOT HAVE ANY PROBLEMS WITH THE INVESTMENT WHICH THEY MADE THROUGH ME. THE COMPLAINT WAS BROUGHT BY THE EXECUTOR OF THE ESTATE OF CUSTOMER AFTER HE HAD PASSED AWAY, BASED ON THE EXECUTORS DETERMINATION ON WHAT HE BELIEVED MAY HAVE BEEN UNSUITABLE FOR [CUSTOMERS].

This Disclosure Reporting Page is an ☐ **INITIAL OR** ☒ **AMENDED** response to report details for affirmative response to **Question 14I** on Form U4;

**Check question(s) you are responding to:**

**Customer Complaint/Arbitration/Civil Litigation**☐ **14I(1)(a)**☐ **14I(1)(b)**☐ **14I(1)(c)**☐ **14I(2)**☐ **14I(3)(a)**☐ **14I(3)(b)**

One event may result in more than one affirmative answer to the above items. Use only one DRP to report details related to one customer complaint/arbitration/civil litigation. Use a separate DRP for each customer complaint/arbitration/civil litigation.

## DRP Instructions:

- In all matters (i.e., customer complaints, arbitrations/CFTC reparations, civil litigations), complete items 1-6.
- If the matter involves only a customer complaint, also complete items 7-12, as appropriate.
- If the customer complaint has evolved into an arbitration/CFTC reparation or civil litigation, amend the existing DRP by completing items 9 and 10.
- If the matter involves an arbitration or CFTC reparation, complete items 13-19, as appropriate.
- If the matter involves a civil litigation, complete items 20-27.
- Item 28 is an optional field and applies to all event types (i.e., customer complaint, arbitration/CFTC reparation, civil litigation).

Complete items 1-6 for all events.

## 1. Customer Name(s):

THE ESTATE OF MILDRED K DAMMANN

## 2. Customer(s) State of Residence:

Other state(s) of residence/detail:

3. Employing *Firm* when activities occurred which led to the complaint:

## 4. Allegation(s) and a brief summary of events related to the allegation(s) including dates when activities leading to the allegation(s) occurred:

UNSUITABILITY OF LIMITED PARTNERSHIPS (PUBLIC) MISREPRESENTATION

## 5. Principal Product Type:

Other Product Types:

Alleged Compensatory Damage

## 6. Amount: \$ 40,000.00

**If the matter involves only a customer complaint, complete items 7-12, as appropriate.**

## 7. Date Customer Complaint was received (MM/DD/YYYY):

08/09/1994 ☒ **Exact** ☐ **Explanation**

If not exact, provide explanation:

Is the customer complaint

8. pending? ☐ **Yes** ☒ **No**

**If the customer complaint has evolved into an arbitration/CFTC reparation or civil litigation, amend the existing DRP by completing items 9 and 10.**

## 9. If the customer complaint is not pending, provide status:

If status is settlement, complete items 11 and 12;

If status is arbitration/reparation, complete items 13-19;

If status is litigation, complete items 20-27.

☐ Closed/No Action

☐ Withdrawn

☐ Denied

☒ Settled

☐ Arbitration/Reparation

☐ Litigation

10. Status Date (MM/DD/YYYY):

☐ Exact ☐ Explanation

If not exact, provide explanation:

Settlement Amount (if settled without arbitration, litigation or

11. reparation): \$ 15,000.00

Individual Contribution

12. Amount: \$ 0.00

**If the matter involves an arbitration or CFTC reparation, complete items 13-19, as appropriate.**

13. Arbitration/Reparation claim filed with (FINRA, AAA, NYSE, CBOE, CFTC, etc.) and Docket/Case Number:

14. Date notice/process was served (MM/DD/YYYY):

☐ Exact ☐ Explanation

If not exact, provide explanation:

Is arbitration/reparation

15. pending? ☐ Yes ☐ No

16. If the arbitration is not pending, what was the disposition?

17. Disposition Date (MM/DD/YYYY):

☐ Exact ☐ Explanation

If not exact, provide explanation:

Amount of Monetary Compensation (award, settlement,

18. reparation amount): \$

Individual Contribution

19. Amount: \$

**If the matter involves a civil litigation, complete items 20-27.**

20. Court that case was filed in (include name of Federal, Military, State or Foreign Court, Location of Court - City or County and State or Country, Docket/Case number).

21. Date notice/process was served (MM/DD/YYYY):

☐ Exact ☐ Explanation

If not exact, provide explanation:

22. Is the civil litigation pending? ☐ Yes ☒ No

23. If the civil litigation is not pending, what was the disposition?

24. Disposition Date (MM/DD/YYYY):

☐ Exact ☒ Explanation

If not exact, provide explanation:

25. Amount of Monetary Compensation (judgment, restitution, settlement amount): \$

26. Individual Contribution Amount: \$

27. If the action is currently on appeal enter date appeal filed (MM/DD/YYYY):

☐ Exact ☒ Explanation

If not exact, provide explanation:

28. Comment (Optional). You may use this field to provide a brief summary of the circumstances leading to the customer complaint, arbitration/CFTC reparation and/or civil litigation as well as the current status or final disposition(s). Your information must fit within the space provided.  
BROKERAGE FIRM SETTLED CLAIM FOR 15,000 IN ORDER TO AVOID LITIGATION AND COURT COST. BROKER DID NOT CONTRIBUTE TO SETTLEMENT AND WAS OPPOSED SUCH ACTION. SETTLEMENT OF 15000. WAS MADE BY BROKERAGE FIRM AGAINST OPPOSITION OF FCIN ORDER TO AVOID LITIGATION AND COURT COSTS. BROKER DID NOT CONTRIBUTE TO SETTLEMENT IN ANY WAY INVESTMENTS WERE MADE OVER SEVEN (7) YEARS BEFORE COMPLAINT WAS FILED BY CLIENTS ESTATE. CLIENT MET ALL SUITABILITY REQUIREMENTS AND WAS PLEASED WITH RESULTS. ESTATE MADE ALLEGATIONS WITH LITTLE OR NO INFORMATION ON INVESTMENT WHEN CLIENT MADE THEM.

This Disclosure Reporting Page is an ☐ INITIAL OR ☒ AMENDED response to report details for affirmative response to **Question 14I** on Form U4;

**Check question(s) you are responding to:**

**Customer Complaint/Arbitration/Civil Litigation**

☐ 14I (1)(a) ☐ 14I (1)(b) ☐ 14I (1)(c) ☐ 14I (2) ☐ 14I (3)(a) ☐ 14I (3)(b)

One event may result in more than one affirmative answer to the above items. Use only one DRP to report details related to one customer complaint/arbitration/civil litigation. Use a separate DRP for each customer complaint/arbitration/civil litigation.

DRP Instructions:

- In all matters (i.e., customer complaints, arbitrations/CFTC reparations, civil litigations), complete items 1-6.
- If the matter involves only a customer complaint, also complete items 7-12, as appropriate.
- If the customer complaint has evolved into an arbitration/CFTC reparation or civil litigation, amend the existing DRP by completing items 9 and 10.
- If the matter involves an arbitration or CFTC reparation, complete items 13-19, as appropriate.

- If the matter involves a civil litigation, complete items 20-27.
- Item 28 is an optional field and applies to all event types (i.e., customer complaint, arbitration/CFTC reparation, civil litigation).

Complete items 1-6 for all events.

- Customer Name(s):  
CUSTOMER COMPLAINT BY KOESTER
- Customer(s) State of Residence:  
  
Other state(s) of residence/detail:
- Employing *Firm* when activities occurred which led to the complaint:
- Allegation(s) and a brief summary of events related to the allegation(s) including dates when activities leading to the allegation(s) occurred:  
UNKNOWN, I DID NOT RECEIVE A COPY OF ANY COMPLAINT. MY ONLY KNOWLEDGE OF THIS INCIDENT CAME FROM THE NASD/CRD ADVISORY MESSAGE ASKING ME TO UPDATE MY FORM U-4 TO REPORT A CUSTOMER COMPLAINT FILED BY CUSTOMER.
- Principal Product Type:  
  
Other Product Types:
- Alleged Compensatory Damage  
Amount: \$ 72,500.00

**If the matter involves only a customer complaint, complete items 7-12, as appropriate.**

- Date Customer Complaint was received (MM/DD/YYYY):

04/11/1994 ☐ **Exact** ☐ **Explanation**

If not exact, provide explanation:

Is the customer complaint

- pending? ☐ **Yes** ☒ **No**

**If the customer complaint has evolved into an arbitration/CFTC reparation or civil litigation, amend the existing DRP by completing items 9 and 10.**

- If the customer complaint is not pending, provide status:  
If status is settlement, complete items 11 and 12;  
If status is arbitration/reparation, complete items 13-19;  
If status is litigation, complete items 20-27.

☐ **Closed/No Action**

☐ **Withdrawn**

☐ **Denied**

☒ **Settled**

☐ **Arbitration/Reparation**

☐ **Litigation**

- Status Date (MM/DD/YYYY):

☐ **Exact** ☐ **Explanation**

If not exact, provide explanation:

Settlement Amount (if settled without arbitration, litigation or  
11. reparation): \$ 26,000.00

Individual Contribution  
12. Amount: \$ 0.00

**If the matter involves an arbitration or CFTC reparation, complete items 13-19, as appropriate.**

13. Arbitration/Reparation claim filed with (FINRA, AAA, NYSE, CBOE, CFTC, etc.) and Docket/Case Number:

14. Date notice/process was served (MM/DD/YYYY):

☐ Exact ☐ Explanation

If not exact, provide explanation:

Is arbitration/reparation  
15. pending? ☐ Yes ☐ No

16. If the arbitration is not pending, what was the disposition?

17. Disposition Date (MM/DD/YYYY):

☐ Exact ☐ Explanation

If not exact, provide explanation:

Amount of Monetary Compensation (award, settlement,  
18. reparation amount): \$

Individual Contribution  
19. Amount: \$

**If the matter involves a civil litigation, complete items 20-27.**

20. Court that case was filed in (include name of Federal, Military, State or Foreign Court, Location of Court - City or County and State or Country, Docket/Case number).

21. Date notice/process was served (MM/DD/YYYY):

☐ Exact ☐ Explanation

If not exact, provide explanation:

22. Is the civil litigation pending? ☐ Yes ☐ No

23. If the civil litigation is not pending, what was the disposition?

24. Disposition Date (MM/DD/YYYY):

☐ Exact ☐ Explanation

If not exact, provide explanation:

Amount of Monetary Compensation (judgment, restitution,  
25. settlement amount): \$

Individual Contribution  
26. Amount: \$

27. If the action is currently on appeal enter date appeal filed (MM/DD/YYYY):

☐ Exact ☒ Explanation

If not exact, provide explanation:

28. Comment (Optional). You may use this field to provide a brief summary of the circumstances leading to the customer complaint, arbitration/CFTC reparation and/or civil litigation as well as the current status or final disposition(s). Your information must fit within the space provided.  
UNKNOWN PLEASE SEE DESCRIPTION ON ITEM NUMBER 7

This Disclosure Reporting Page is an ☐ INITIAL OR ☒ AMENDED response to report details for affirmative response to **Question 14I** on Form U4;

**Check question(s) you are responding to:**

**Customer Complaint/Arbitration/Civil Litigation**

☐ 14I (1)(a) ☐ 14I (1)(b) ☐ 14I (1)(c) ☐ 14I (2) ☐ 14I (3)(a) ☐ 14I (3)(b)

One event may result in more than one affirmative answer to the above items. Use only one DRP to report details related to one customer complaint/arbitration/civil litigation. Use a separate DRP for each customer complaint/arbitration/civil litigation.

DRP Instructions:

- In all matters (i.e., customer complaints, arbitrations/CFTC reparations, civil litigations), complete items 1-6.
- If the matter involves only a customer complaint, also complete items 7-12, as appropriate.
- If the customer complaint has evolved into an arbitration/CFTC reparation or civil litigation, amend the existing DRP by completing items 9 and 10.
- If the matter involves an arbitration or CFTC reparation, complete items 13-19, as appropriate.
- If the matter involves a civil litigation, complete items 20-27.
- Item 28 is an optional field and applies to all event types (i.e., customer complaint, arbitration/CFTC reparation, civil litigation).

Complete items 1-6 for all events.

1. Customer Name(s):

KEITH ARMSTRONG AND MARY ARMSTRONG

2. Customer(s) State of Residence:

Other state(s) of residence/detail:

3. Employing *Firm* when activities occurred which led to the complaint:

SHEARSON LEHMAN BROTHERS INC.

4. Allegation(s) and a brief summary of events related to the allegation(s) including dates when activities leading to the allegation(s) occurred:

UNAUTHORIZED USE OF MARGIN AND UNAUTHORIZED TRADING



5. Principal Product Type:

Other Product Types:

Alleged Compensatory Damage

6. Amount: \$

**If the matter involves only a customer complaint, complete items 7-12, as appropriate.**

7. Date Customer Complaint was received (MM/DD/YYYY):

10/26/1990 ☐ Exact ☐ Explanation

If not exact, provide explanation:

Is the customer complaint

8. pending? ☐ Yes ☒ No

**If the customer complaint has evolved into an arbitration/CFTC reparation or civil litigation, amend the existing DRP by completing items 9 and 10.**

9. If the customer complaint is not pending, provide status:

If status is settlement, complete items 11 and 12;

If status is arbitration/reparation, complete items 13-19;

If status is litigation, complete items 20-27.

☐ Closed/No Action

☐ Withdrawn

☐ Denied

☒ Settled

☐ Arbitration/Reparation

☐ Litigation

10. Status Date (MM/DD/YYYY):

☐ Exact ☐ Explanation

If not exact, provide explanation:

Settlement Amount (if settled without arbitration, litigation or

11. reparation): \$ 10,076.44

Individual Contribution

12. Amount: \$ 0.00

**If the matter involves an arbitration or CFTC reparation, complete items 13-19, as appropriate.**

13. Arbitration/Reparation claim filed with (FINRA, AAA, NYSE, CBOE, CFTC, etc.) and Docket/Case Number:

14. Date notice/process was served (MM/DD/YYYY):

☐ Exact ☐ Explanation

If not exact, provide explanation:

Is arbitration/reparation

15. pending? ☐ Yes ☐ No

16. If the arbitration is not pending, what was the disposition?

17. Disposition Date (MM/DD/YYYY):

☐ Exact ☐ Explanation

If not exact, provide explanation:

Amount of Monetary Compensation (award, settlement,  
18. reparation amount): \$

Individual Contribution  
19. Amount: \$

**If the matter involves a civil litigation, complete items 20-27.**

20. Court that case was filed in (include name of Federal, Military, State or Foreign Court, Location of Court - City or County and State or Country, Docket/Case number).

21. Date notice/process was served (MM/DD/YYYY):

☐ Exact ☐ Explanation

If not exact, provide explanation:

22. Is the civil litigation pending? ☐ Yes ☐ No

23. If the civil litigation is not pending, what was the disposition?

24. Disposition Date (MM/DD/YYYY):

☐ Exact ☐ Explanation

If not exact, provide explanation:

Amount of Monetary Compensation (judgment, restitution,  
25. settlement amount): \$

Individual Contribution  
26. Amount: \$

27. If the action is currently on appeal enter date appeal filed (MM/DD/YYYY):

☐ Exact ☐ Explanation

If not exact, provide explanation:

28. Comment (Optional). You may use this field to provide a brief summary of the circumstances leading to the customer complaint, arbitration/CFTC reparation and/or civil litigation as well as the current status or final disposition(s). Your information must fit within the space provided.  
SETTLEMENT - \$10,076.44 JOHN BURNS DID NOT CONTRIBUTE TOWARD SETTLEMENT. ALL TRANSACTIONS ARE AUTHORIZED AND MARGIN ACCOUNT WAS OPENED 5-1-84. FROM 2-14-86 UNTIL 6-30-89 CLIENTS ASSETS WERE PROFESSIONALLY MANAGED BY SHEARSON EQUITY MANAGEMENT, UNAUTHORIZED TRADING WOULD HAVE BEEN IMPOSSIBLE FOR THAT PERIOD OF TIME. CLIENT CLOSED SEM ACCOUNT ON 6-89 STATING UNHAPPY WITH PERFORMANCE AND FEES CHARGED. CLIENTS RECEIVED 7 MONTHS OF CONFIRMATIONS AND STATEMENTS PRIOR TO COMPLAINT. CLIENT WAS UPSET ABOUT NORD RESORCES A SHEARSON RECOMMENDATION IN AUG 90 WHICH DECLINED IN VALUE SEE ATTACHED.

This Disclosure Reporting Page is an ☐ **INITIAL OR** ☒ **AMENDED** response to report details for affirmative response to **Question 14I** on Form U4;

**Check question(s) you are responding to:**

**Customer Complaint/Arbitration/Civil Litigation**

☐ **14I(1)(a)**

☐ **14I(1)(b)**

☐ **14I(1)(c)**

☐ **14I(2)**

☐ **14I(3)(a)**

☐ **14I(3)(b)**

One event may result in more than one affirmative answer to the above items. Use only one DRP to report details related to one customer complaint/arbitration/civil litigation. Use a separate DRP for each customer complaint/arbitration/civil litigation.

DRP Instructions:

- In all matters (i.e., customer complaints, arbitrations/CFTC reparations, civil litigations), complete items 1-6.
- If the matter involves only a customer complaint, also complete items 7-12, as appropriate.
- If the customer complaint has evolved into an arbitration/CFTC reparation or civil litigation, amend the existing DRP by completing items 9 and 10.
- If the matter involves an arbitration or CFTC reparation, complete items 13-19, as appropriate.
- If the matter involves a civil litigation, complete items 20-27.
- Item 28 is an optional field and applies to all event types (i.e., customer complaint, arbitration/CFTC reparation, civil litigation).

Complete items 1-6 for all events.

1. Customer Name(s):

CARL AND BRIGITTA DEGROOTE

2. Customer(s) State of Residence:

Other state(s) of residence/detail:

3. Employing *Firm* when activities occurred which led to the complaint:

SHEARSON LEHMAN BROTHERS INC.

4. Allegation(s) and a brief summary of events related to the allegation(s) including dates when activities leading to the allegation(s) occurred:

CUSTOMER ALLEGED THAT MR. BURNS ENGAGED IN UNAUTHORIZED AND UNSUITABLE TRANSACTIONS RESULTING IN LOSSES OF APPROXIMATELY \$100,000.

5. Principal Product Type:

Other Product Types:

Alleged Compensatory Damage

6. Amount: \$ 1,000,000.00

**If the matter involves only a customer complaint, complete items 7-12, as appropriate.**

7. Date Customer Complaint was received (MM/DD/YYYY):

01/01/1989 ☒ **Exact** ☐ **Explanation**

If not exact, provide explanation:

Is the customer complaint

8. pending? ☐ **Yes** ☒ **No**

**If the customer complaint has evolved into an arbitration/CFTC reparation or civil litigation, amend the existing DRP by completing items 9 and 10.**

9. If the customer complaint is not pending, provide status:

If status is settlement, complete items 11 and 12;

If status is arbitration/reparation, complete items 13-19;

If status is litigation, complete items 20-27.

☐ Closed/No Action

☐ Withdrawn

☐ Denied

☒ Settled

☐ Arbitration/Reparation

☐ Litigation

10. Status Date (MM/DD/YYYY):

☐ Exact ☐ Explanation

If not exact, provide explanation:

Settlement Amount (if settled without arbitration, litigation or

11. reparation): \$ 1,163,433.00

Individual Contribution

12. Amount: \$ 0.00

**If the matter involves an arbitration or CFTC reparation, complete items 13-19, as appropriate.**

13. Arbitration/Reparation claim filed with (FINRA, AAA, NYSE, CBOE, CFTC, etc.) and Docket/Case Number:

14. Date notice/process was served (MM/DD/YYYY):

☐ Exact ☐ Explanation

If not exact, provide explanation:

Is arbitration/reparation

15. pending? ☐ Yes ☐ No

16. If the arbitration is not pending, what was the disposition?

17. Disposition Date (MM/DD/YYYY):

☐ Exact ☐ Explanation

If not exact, provide explanation:

Amount of Monetary Compensation (award, settlement,

18. reparation amount): \$

Individual Contribution

19. Amount: \$

**If the matter involves a civil litigation, complete items 20-27.**

20. Court that case was filed in (include name of Federal, Military, State or Foreign Court, Location of Court - City or County and State or Country, Docket/Case number).

21. Date notice/process was served (MM/DD/YYYY):

☐ **Exact** ☐ **Explanation**

If not exact, provide explanation:

22. Is the civil litigation pending? ☐ **Yes** ☐ **No**

23. If the civil litigation is not pending, what was the disposition?

24. Disposition Date (MM/DD/YYYY):

☐ **Exact** ☐ **Explanation**

If not exact, provide explanation:

25. Amount of Monetary Compensation (judgment, restitution, settlement amount): \$

26. Individual Contribution Amount: \$

27. If the action is currently on appeal enter date appeal filed (MM/DD/YYYY):

☐ **Exact** ☐ **Explanation**

If not exact, provide explanation:

28. Comment (Optional). You may use this field to provide a brief summary of the circumstances leading to the customer complaint, arbitration/CFTC reparation and/or civil litigation as well as the current status or final disposition(s). Your information must fit within the space provided.  
LIMITED PARTNERSHIPS WERE TRANSFERRED FROM CUSTOMER'S ACCOUNT AT FACE VALUE, REMAINING STAGED PAYMENTS TO BE MADE BY SHEARSON. NO LOSSES IF ANY WERE SPECIFIED. JOHN BURNS DID NOT CONTRIBUTE TO ANY OF THE ABOVE AND IS ON RECORD OPPOSING THE ABOVE. RESPONDENT CATEGORICALLY DENIED THAT HE ENGAGED IN UNAUTHORIZED AND UNSUITABLE TRANSACTIONS FOR ANY CLIENT OR HAD LOSSES OF APPROXIMATELY \$1,000,000. CLIENT AUTHORIZED AND SIGNED SUBSCRIPTION AGREEMENT, INVESTMENTS WERE DISCUSSED WITH CLIENT IN ADVANCE. CLIENTS MET ALL SUITIBILITY REQUIREMENTS. CLIENT'S ACCOUNT AT TIME OF COMPLAINT WAS VALUED AT \$1,015,662 BASED ON LIMITED PARTNERSHIPS AT FACE VALUE.

This Disclosure Reporting Page is an ☐ **INITIAL OR** ☒ **AMENDED** response to report details for affirmative response to **Question 14I** on Form U4;

**Check question(s) you are responding to:**

**Customer Complaint/Arbitration/Civil Litigation**

☐ **14I (1)(a)** ☐ **14I (1)(b)** ☐ **14I (1)(c)** ☐ **14I (2)** ☐ **14I (3)(a)** ☐ **14I (3)(b)**

One event may result in more than one affirmative answer to the above items. Use only one DRP to report details related to one customer complaint/arbitration/civil litigation. Use a separate DRP for each customer complaint/arbitration/civil litigation.

DRP Instructions:

- In all matters (i.e., customer complaints, arbitrations/CFTC reparations, civil litigations), complete

items 1-6.

- If the matter involves only a customer complaint, also complete items 7-12, as appropriate.
- If the customer complaint has evolved into an arbitration/CFTC reparation or civil litigation, amend the existing DRP by completing items 9 and 10.
- If the matter involves an arbitration or CFTC reparation, complete items 13-19, as appropriate.
- If the matter involves a civil litigation, complete items 20-27.
- Item 28 is an optional field and applies to all event types (i.e., customer complaint, arbitration/CFTC reparation, civil litigation).

Complete items 1-6 for all events.

1. Customer Name(s):

HAROLD L. ELDRIDGE

2. Customer(s) State of Residence:

Other state(s) of residence/detail:

3. Employing *Firm* when activities occurred which led to the complaint:

4. Allegation(s) and a brief summary of events related to the allegation(s) including dates when activities leading to the allegation(s) occurred:

CUSTOMER ALLEGED THAT MR. BURNS MADE AN UNAUTHORIZED AND UNSUITABLE \$20,000. LIMITED PARTNERSHIP PURCHASE IN HIS ACCOUNT, NO DAMAGES WERE SPECIFIED.

5. Principal Product Type:

Other Product Types:

Alleged Compensatory Damage

6. Amount: \$

**If the matter involves only a customer complaint, complete items 7-12, as appropriate.**

7. Date Customer Complaint was received (MM/DD/YYYY):

07/08/1988 ☒ Exact ☐ Explanation

If not exact, provide explanation:

Is the customer complaint

8. pending? ☐ Yes ☒ No

**If the customer complaint has evolved into an arbitration/CFTC reparation or civil litigation, amend the existing DRP by completing items 9 and 10.**

9. If the customer complaint is not pending, provide status:

If status is settlement, complete items 11 and 12;

If status is arbitration/reparation, complete items 13-19;

If status is litigation, complete items 20-27.

☐ Closed/No Action

☐ Withdrawn

☐ Denied

☒ Settled

☐ Arbitration/Reparation

☐ Litigation

10. Status Date (MM/DD/YYYY):

☐ Exact ☐ Explanation

If not exact, provide explanation:

Settlement Amount (if settled without arbitration, litigation or  
11. reparation): \$ 20,000.00

Individual Contribution  
12. Amount: \$

**If the matter involves an arbitration or CFTC reparation, complete items 13-19, as appropriate.**

13. Arbitration/Reparation claim filed with (FINRA, AAA, NYSE, CBOE, CFTC, etc.) and Docket/Case Number:

14. Date notice/process was served (MM/DD/YYYY):

☐ Exact ☐ Explanation

If not exact, provide explanation:

Is arbitration/reparation  
15. pending? ☐ Yes ☐ No

16. If the arbitration is not pending, what was the disposition?

17. Disposition Date (MM/DD/YYYY):

☐ Exact ☐ Explanation

If not exact, provide explanation:

Amount of Monetary Compensation (award, settlement,  
18. reparation amount): \$

Individual Contribution  
19. Amount: \$

**If the matter involves a civil litigation, complete items 20-27.**

20. Court that case was filed in (include name of Federal, Military, State or Foreign Court, Location of Court - City or County and State or Country, Docket/Case number).

21. Date notice/process was served (MM/DD/YYYY):

☐ Exact ☐ Explanation

If not exact, provide explanation:

22. Is the civil litigation pending? ☐ Yes ☐ No

23. If the civil litigation is not pending, what was the disposition?

24. Disposition Date (MM/DD/YYYY):

☐ Exact ☐ Explanation

If not exact, provide explanation:

Amount of Monetary Compensation (judgment, restitution,  
25. settlement amount): \$

Individual Contribution  
26. Amount: \$

27. If the action is currently on appeal enter date appeal filed (MM/DD/YYYY):

☐ Exact ☐ Explanation

If not exact, provide explanation:

28. Comment (Optional). You may use this field to provide a brief summary of the circumstances leading to the customer complaint, arbitration/CFTC reparation and/or civil litigation as well as the current status or final disposition(s). Your information must fit within the space provided.  
THE LIMITED PARTNERSHIP TRANSACTION WAS REMOVED FROM HIS ACCOUNT CLIENT SIGNED SUBSCRIPTION AGREEMENT BUT NEVER PAID FOR THE INVESTMENT WHICH WAS TRANSFERED TO HIS NAME.

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#### TERMINATION DRP

No Information Filed

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#### INVESTIGATION DRP

No Information Filed

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#### BANKRUPTCY/SIPC/COMPROMISE WITH CREDITORS DRP

No Information Filed

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#### BOND DRP

No Information Filed

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#### JUDGMENT LIEN DRP

No Information Filed

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# FORM U4

## UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

U4 - AMENDMENT

01/21/2009

Rev. Form U4 (10/2005)

### 1. GENERAL INFORMATION

<b>First Name:</b> JOHN	<b>Middle Name:</b> MICHAEL	<b>Last Name:</b> MARINACCIO	<b>Suffix:</b>
<b>Firm CRD #:</b> 14974	<b>Firm Name:</b> R. SEELAUS & CO., INC.	<b>Employment Date (MM/DD/YYYY):</b> 05/07/2008	
<b>Firm Billing Code:</b>	<b>Individual CRD #:</b> 3274917	<b>Individual SSN:</b> 153-64-5079	

Do you have an independent contractor relationship with the above named firm?:

☐ Yes ☒ No

#### Office of Employment Address

CRD Branch #	NYSE Branch Code #	Firm Billing Code	Address	Private Residence	Type of Office	Start Date	End Date
BD Main			25 DEFOREST AVENUE - SUITE 102  SUMMIT , NJ 07901	N	Located At	05/07/2008	

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### 2. FINGERPRINT INFORMATION

#### Electronic Filing Representation

- ☒ By selecting this option, I represent that I am submitting, have submitted, or promptly will submit to the appropriate *SRO* a fingerprint card as required under applicable *SRO* rules; or
- Fingerprint card barcode
- ☐ By selecting this option, I represent that I have been employed continuously by the *filing firm* since the last submission of a fingerprint card to CRD and am not required to resubmit a fingerprint card at this time; or,
- ☐ By selecting this option, I represent that I have been employed continuously by the *filing firm* and my fingerprints have been processed by an *SRO* other than FINRA. I am submitting, have submitted, or promptly will submit the processed results for posting to CRD.

#### Exceptions to the Fingerprint Requirement

- ☐ By selecting one or more of the following two options, I affirm that I am exempt from the federal fingerprint requirement because I/*filing firm* currently satisfy(ies) the requirements of at least one of the permissive exemptions indicated below pursuant to Rule 17f-2 under the Securities Exchange Act of 1934, including any notice or application requirements specified therein:

- ☐ Rule 17f-2(a)(1)(i)
- ☐ Rule 17f-2(a)(1)(iii)

#### Investment Adviser Representative Only Applicants

- ☐ I affirm that I am applying only as an investment adviser representative and that I am not also applying or have not also applied with this *firm* to become a broker-dealer representative. If this radio button/box is selected, continue below.
- ☐ I am applying for registration only in *jurisdictions* that do not have fingerprint card filing requirements, or
- ☐ I am applying for registration in *jurisdictions* that have fingerprint card filing requirements and I am submitting, have submitted, or promptly will submit the appropriate fingerprint card directly to the *jurisdictions* for processing pursuant to applicable *jurisdiction* rules.

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### 3. REGISTRATIONS WITH UNAFFILIATED FIRMS

Some *jurisdictions* prohibit "dual registration," which occurs when an individual chooses to maintain a concurrent registration as a representative/agent with two or more *firms* (either BD or IA *firms*) that are not affiliated. *Jurisdictions* that prohibit dual registration would not, for example, permit a broker-dealer agent working with brokerage *firm* A to maintain a registration with brokerage *firm* B if *firms* A and B are not owned or controlled by a common parent. Before seeking a dual registration status, you should consult the applicable rules or statutes of the *jurisdictions* with which you seek registration for prohibitions on dual registrations or any liability provisions.

Please indicate whether the individual will maintain a "dual registration" status by answering the questions in this section. (Note: An individual should answer 'yes' only if the individual is currently registered and is seeking registration with a *firm* (either BD or IA) that is not affiliated with the individual's current employing *firm*. If this is an initial application, an individual must answer 'no' to these questions; a "dual registration" may be initiated only after an initial registration has been established).

Answer "yes" or "no" to the following questions:

**Yes No**

- A.** Will *applicant* maintain registration with a broker-dealer that is not *affiliated* with the *filing firm*? If you answer "yes," list the *firm*(s) in Section 12 (Employment History). ☐ ☒
- B.** Will *applicant* maintain registration with an investment adviser that is not *affiliated* with the *filing firm*? If you answer "yes," list the *firm*(s) in Section 12 (Employment History). ☐ ☒

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### 4. SRO REGISTRATIONS

**Check appropriate SRO Registration requests.**

**Qualifying examinations will be automatically scheduled if needed. If you are only scheduling or re-scheduling an exam, skip this section and complete Section 7 (EXAMINATION REQUESTS).**

REGISTRATION CATEGORY	FINRA	NYSE	AMEX	BATS	BSE	NSX	ARCA	CBOE	CHX	PHLX	ISE	NOX
OP - Registered Options Principal (S4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IR - Investment Company and Variable Contracts Products Rep. (S6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>						<input type="checkbox"/>

GS - Full Registration/General Securities Representative (S7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TR - Securities Trader (S7)		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>						
TS - Trading Supervisor (S7)		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>						
SU - General Securities Sales Supervisor (S9 and S10)	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
BM - Branch Office Manager (S9 and S10)		<input type="checkbox"/>	<input type="checkbox"/>									
SM - Securities Manager (S10)		<input type="checkbox"/>										
AR - Assistant Representative/Order Processing (S11)	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
<b>REGISTRATION CATEGORY</b>	<b>FINRA</b>	<b>NYSE</b>	<b>AMEX</b>	<b>BATS</b>	<b>BSE</b>	<b>NSX</b>	<b>ARCA</b>	<b>CBOE</b>	<b>CHX</b>	<b>PHLX</b>	<b>ISE</b>	<b>NOX</b>
IE - United Kingdom - Limited General Securities Registered Representative (S17)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
DR - Direct Participation Program Representative (S22)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			
GP - General Securities Principal (S24)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>
IP - Investment Company and Variable Contracts Products Principal (S26)	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>						<input type="checkbox"/>
FA - Foreign Associate	<input type="checkbox"/>											
FN - Financial and Operations Principal (S27)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
FI - Introducing Broker-Dealer/Financial and Operations Principal (S28)	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
RS - Research Analyst (S86, S87)	<input type="checkbox"/>	<input type="checkbox"/>										
RP - Research Principal	<input type="checkbox"/>											
DP - Direct Participation Program Principal (S39)	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			
OR - Options Representative (S42)	<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>			<input type="checkbox"/>
<b>REGISTRATION CATEGORY</b>	<b>FINRA</b>	<b>NYSE</b>	<b>AMEX</b>	<b>BATS</b>	<b>BSE</b>	<b>NSX</b>	<b>ARCA</b>	<b>CBOE</b>	<b>CHX</b>	<b>PHLX</b>	<b>ISE</b>	<b>NOX</b>
MR - Municipal Securities Representative (S52)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			
MP - Municipal Securities Principal (S53)	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			

CS - Corporate Securities Representative (S62)	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
RG - Government Securities Representative (S72)	<input type="checkbox"/>											
PG - Government Securities Principal (S73)	<input type="checkbox"/>											
SA - Supervisory Analyst (S16)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
PR - Limited Representative - Private Securities Offerings (S82)	<input type="checkbox"/>		<input type="checkbox"/>									
CD - Canada-Limited General Securities Registered Representative (S37)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
CN - Canada-Limited General Securities Registered Representative (S38)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
<b>REGISTRATION CATEGORY</b>	<b>FINRA</b>	<b>NYSE</b>	<b>AMEX</b>	<b>BATS</b>	<b>BSE</b>	<b>NSX</b>	<b>ARCA</b>	<b>CBOE</b>	<b>CHX</b>	<b>PHLX</b>	<b>ISE</b>	<b>NOX</b>
ET - Equity Trader (S55)	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>						<input type="checkbox"/>
AM - Allied Member		<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>					
AP - Approved Person		<input type="checkbox"/>	<input type="checkbox"/>									
LE - Securities Lending Representative		<input type="checkbox"/>	<input type="checkbox"/>									
LS - Securities Lending Supervisor		<input type="checkbox"/>	<input type="checkbox"/>									
ME - Member Exchange		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>		
FE - Floor Employee		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>						
OF - Officer		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>						
CO - Compliance Official (S14)		<input type="checkbox"/>										
<b>REGISTRATION CATEGORY</b>	<b>FINRA</b>	<b>NYSE</b>	<b>AMEX</b>	<b>BATS</b>	<b>BSE</b>	<b>NSX</b>	<b>ARCA</b>	<b>CBOE</b>	<b>CHX</b>	<b>PHLX</b>	<b>ISE</b>	<b>NOX</b>
CF - Compliance Official Specialist (S14A)		<input type="checkbox"/>										
PM - Floor Member Conducting Public Business		<input type="checkbox"/>	<input type="checkbox"/>									
PC - Floor Clerk Conducting Public Business		<input type="checkbox"/>	<input type="checkbox"/>									
SC - Specialist Clerk (S21)		<input type="checkbox"/>	<input type="checkbox"/>									
TA - Trading Assistant (S25)		<input type="checkbox"/>										
FP - Municipal Fund (S51)	<input type="checkbox"/>											
IF - In-Firm Delivery Proctor	<input type="checkbox"/>	<input type="checkbox"/>										
MM - Market Maker Authorized Trader-Options							<input type="checkbox"/>					

(S44)													
<b>REGISTRATION CATEGORY</b>	<b>FINRA</b>	<b>NYSE</b>	<b>AMEX</b>	<b>BATS</b>	<b>BSE</b>	<b>NSX</b>	<b>ARCA</b>	<b>CBOE</b>	<b>CHX</b>	<b>PHLX</b>	<b>ISE</b>	<b>NOX</b>	
FB - Floor Broker							<input type="checkbox"/>						
MB - Market Maker acting as Floor Broker							<input type="checkbox"/>						
OT - Authorized Trader (S7)							<input type="checkbox"/>						
MT - Market Maker Authorized Trader-Equities (S7)							<input type="checkbox"/>						
Other _____ (Paper Form Only)													

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**5. JURISDICTION REGISTRATION**

Check appropriate *jurisdiction(s)* for broker-dealer agent (AG) and/or investment adviser representative (RA) registration requests.

JURISDICTION	AG	RA	JURISDICTION	AG	RA	JURISDICTION	AG	RA	JURISDICTION	AG	RA
Alabama	<input type="checkbox"/>	<input type="checkbox"/>	Illinois	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Montana	<input type="checkbox"/>	<input type="checkbox"/>	Puerto Rico	<input type="checkbox"/>	<input type="checkbox"/>
Alaska	<input type="checkbox"/>	<input type="checkbox"/>	Indiana	<input type="checkbox"/>	<input type="checkbox"/>	Nebraska	<input type="checkbox"/>	<input type="checkbox"/>	Rhode Island	<input type="checkbox"/>	<input type="checkbox"/>
Arizona	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Iowa	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nevada	<input type="checkbox"/>	<input type="checkbox"/>	South Carolina	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Arkansas	<input type="checkbox"/>	<input type="checkbox"/>	Kansas	<input type="checkbox"/>	<input type="checkbox"/>	New Hampshire	<input type="checkbox"/>	<input type="checkbox"/>	South Dakota	<input type="checkbox"/>	<input type="checkbox"/>
California	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Kentucky	<input type="checkbox"/>	<input type="checkbox"/>	New Jersey	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Tennessee	<input type="checkbox"/>	<input type="checkbox"/>
Colorado	<input type="checkbox"/>	<input type="checkbox"/>	Louisiana	<input type="checkbox"/>	<input type="checkbox"/>	New Mexico	<input type="checkbox"/>	<input type="checkbox"/>	Texas	<input type="checkbox"/>	<input type="checkbox"/>
Connecticut	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Maine	<input type="checkbox"/>	<input type="checkbox"/>	New York	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Utah	<input type="checkbox"/>	<input type="checkbox"/>
Delaware	<input type="checkbox"/>	<input type="checkbox"/>	Maryland	<input type="checkbox"/>	<input type="checkbox"/>	North Carolina	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vermont	<input type="checkbox"/>	<input type="checkbox"/>
District of Columbia	<input type="checkbox"/>	<input type="checkbox"/>	Massachusetts	<input type="checkbox"/>	<input type="checkbox"/>	North Dakota	<input type="checkbox"/>	<input type="checkbox"/>	Virgin Islands	<input type="checkbox"/>	<input type="checkbox"/>
Florida	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Michigan	<input type="checkbox"/>	<input type="checkbox"/>	Ohio	<input type="checkbox"/>	<input type="checkbox"/>	Virginia	<input type="checkbox"/>	<input type="checkbox"/>
Georgia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Minnesota	<input type="checkbox"/>	<input type="checkbox"/>	Oklahoma	<input type="checkbox"/>	<input type="checkbox"/>	Washington	<input type="checkbox"/>	<input type="checkbox"/>
Hawaii	<input type="checkbox"/>	<input type="checkbox"/>	Mississippi	<input type="checkbox"/>	<input type="checkbox"/>	Oregon	<input type="checkbox"/>	<input type="checkbox"/>	West Virginia	<input type="checkbox"/>	<input type="checkbox"/>
Idaho	<input type="checkbox"/>	<input type="checkbox"/>	Missouri	<input type="checkbox"/>	<input type="checkbox"/>	Pennsylvania	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wisconsin	<input type="checkbox"/>	<input type="checkbox"/>
									Wyoming	<input type="checkbox"/>	<input type="checkbox"/>

AGENT OF THE ISSUER REGISTRATION (AI) ☐ Indicate 2 letter *jurisdiction* code (s): \_\_\_\_\_

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**6. REGISTRATION REQUESTS WITH AFFILIATED FIRMS**

Will *applicant* maintain registration with *firm(s)* under common ownership or control with the *filing firm*?  
If "yes", fill in the details to indicate a request for registration with additional *firm(s)*.

☐ Yes ☒ No

No Information Filed

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**7. EXAMINATION REQUESTS**

**Scheduling or Rescheduling Examinations** Complete this section only if you are scheduling or rescheduling an examination or continuing education session. Do not select the Series 63 (S63) or Series 65 (S65) examinations in this section if you have completed Section 5 (JURISDICTION REGISTRATION) and have selected registration in a *jurisdiction*. If you have completed Section 5 (JURISDICTION REGISTRATION), and requested an AG registration in a *jurisdiction* that requires that you pass the S63 examination, an S63 examination will be automatically scheduled for you upon submission of this Form U4. If you have completed Section 5 (JURISDICTION REGISTRATION), and requested an RA registration in a *jurisdiction* that requires that you pass the S65 examination, an S65 examination will be automatically scheduled for you upon submission of this Form U4.

<input type="checkbox"/> S3	<input type="checkbox"/> S11	<input type="checkbox"/> S22	<input type="checkbox"/> S32	<input type="checkbox"/> S51	<input type="checkbox"/> S73
<input type="checkbox"/> S4	<input type="checkbox"/> S12	<input type="checkbox"/> S23	<input type="checkbox"/> S33	<input type="checkbox"/> S52	<input type="checkbox"/> S82
<input type="checkbox"/> S5	<input type="checkbox"/> S14	<input type="checkbox"/> S24	<input type="checkbox"/> S37	<input type="checkbox"/> S53	<input type="checkbox"/> S86
<input type="checkbox"/> S6	<input type="checkbox"/> S14A	<input type="checkbox"/> S25	<input type="checkbox"/> S38	<input type="checkbox"/> S55	<input type="checkbox"/> S87
<input type="checkbox"/> S7	<input type="checkbox"/> S15	<input type="checkbox"/> S26	<input type="checkbox"/> S39	<input type="checkbox"/> S62	<input type="checkbox"/> S101
<input type="checkbox"/> S7A	<input type="checkbox"/> S16	<input type="checkbox"/> S27	<input type="checkbox"/> S42	<input type="checkbox"/> S63	<input type="checkbox"/> S106
<input type="checkbox"/> S9	<input type="checkbox"/> S17	<input type="checkbox"/> S28	<input type="checkbox"/> S44	<input type="checkbox"/> S65	<input type="checkbox"/> S201
<input type="checkbox"/> S10	<input type="checkbox"/> S21	<input type="checkbox"/> S30	<input type="checkbox"/> S45	<input type="checkbox"/> S66	
		<input type="checkbox"/> S31	<input type="checkbox"/> S46	<input type="checkbox"/> S72	

Other \_\_\_\_\_ (Paper Form Only)

OPTIONAL: Foreign Exam City \_\_\_\_\_

Date (MM/DD/YYYY) \_\_\_\_\_

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**8. PROFESSIONAL DESIGNATIONS**

Select each designation you currently maintain.

- ☐ Certified Financial Planner
- ☐ Chartered Financial Consultant (ChFC)
- ☐ Personal Financial Specialist (PFS)
- ☐ Chartered Financial Analyst (CFA)
- ☐ Chartered Investment Counselor (CIC)

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**9. IDENTIFYING INFORMATION/NAME CHANGE**

<b>First Name:</b> JOHN	<b>Middle Name:</b> MICHAEL	<b>Last Name:</b> MARINACCIO
<b>Suffix:</b>	<b>Date of Birth</b> (MM/DD/YYYY) 01/22/1977	
<b>State/Province of Birth</b> NEW JERSEY	<b>Country of Birth</b> USA	<b>Sex</b> <input checked="" type="radio"/> Male <input type="radio"/> Female
<b>Height (ft)</b> 5	<b>Height (in)</b> 8	<b>Weight (lbs)</b> 230
<b>Hair Color</b> Brown	<b>Eye Color</b> Brown	

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**10. OTHER NAMES**

Enter all other names that you have used or are using, or by which you are known or have been known, other than your legal name, since the age of 18. This field should include, for example, nicknames, aliases, and names used before or after marriage.

First Name	Middle Name	Last Name	Suffix
JOHN	M	MARINUCCIO	
JOHN	M	MARINACCIO	

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**11. RESIDENTIAL HISTORY**

Starting with the current address, give all addresses for the past 5 years. Report changes as they occur.

From	To	Street	City	State	Country	Postal Code
06/2007	PRESENT	238 NORMAN DRIVE	RAMSEY	NJ	USA	07446
04/2004	05/2007	36 PAWNEE AVENUE	OAKLAND	NJ	USA	07436
01/1977	04/2004	223 DENVER ROAD	PARAMUS	NJ	USA	07652

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**12. EMPLOYMENT HISTORY**

Provide complete employment history for the past 10 years. Include the *firm(s)* noted in Section 1 (GENERAL INFORMATION) and Section 6 (REGISTRATION REQUESTS WITH AFFILIATED FIRMS). Include all *firm(s)* from Section 3 (REGISTRATION WITH UNAFFILIATED FIRMS). Account for all time including full and part-time employments, self-employment, military service, and homemaking. Also include statuses such as unemployed, full-time education, extended travel, or other similar statuses. Report changes as they occur.

From	To	Name of Firm or Company	Investment-Related business?	City	State	Country	Position
05/2008	PRESENT	R. SEELAUS & CO., INC	<input checked="" type="radio"/> Yes <input type="radio"/> No	SUMMIT	NJ	USA	REGISTERED REP
09/2005	05/2008	BARCLAYS CAPITAL	<input checked="" type="radio"/> Yes <input type="radio"/> No	WHIPPANY	NJ	US	OPERATIONS
07/2005	09/2005	MORGAN STANLEY	<input type="radio"/> Yes <input type="radio"/> No	NEW YORK	NY	USA	ASSOCIATE
07/2004	07/2005	MORGAN STANLEY	<input checked="" type="radio"/> Yes <input type="radio"/> No	NEW YORK	NY	USA	ASSOCIATE
06/2000	06/2004	LEHMAN BROTHERS INC.	<input checked="" type="radio"/> Yes <input type="radio"/> No	NEW YORK	NY	USA	PCS BRANCH SUPPORT
12/1999	06/2000	PERSHING	<input checked="" type="radio"/> Yes <input type="radio"/> No	JERSEY CITY	NJ	USA	SECURITIES EXAMINER
05/1999	12/1999	PRUDENTIAL SECURITIES	<input checked="" type="radio"/> Yes <input type="radio"/> No	NEW YORK	NY	USA	MUNICIPAL BOND CLERK
06/1995	05/1999	PACE		PLEASANTVILLE	NY	USA	FULL TIME

		UNIVERSITY	<input type="radio"/> Yes <input checked="" type="radio"/> No				STUDENT
06/1993	06/1995	PARAMUS PUBLIC SCHOOLS	<input type="radio"/> Yes <input checked="" type="radio"/> No	PARAMUS	NJ	USA`	SUMMER HELP
01/1992	06/1993	PARAMUS HIGH SCHOOL	<input type="radio"/> Yes <input checked="" type="radio"/> No	PARAMUS	NJ	USA	STUDENT

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**13. OTHER BUSINESS**

Are you currently engaged in any other business either as a proprietor, partner, officer, director, employee, trustee, agent or otherwise? (Please exclude non *investment-related* activity that is exclusively charitable, civic, religious or fraternal and is recognized as tax exempt.) If YES, please provide the following details: the name of the other business, whether the business is *investment-related*, the address of the other business, the nature of the other business, your position, title, or relationship with the other business, the start date of your relationship, the approximate number of hours/month you devote to the other business, the number of hours you devote to the other business during securities trading hours, and briefly describe your duties relating to the other business.

☐ Yes ☒ No

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**14. DISCLOSURE QUESTIONS**

**IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS 'YES', COMPLETE DETAILS OF ALL EVENTS OR PROCEEDINGS ON APPROPRIATE DRP(S)**

**REFER TO THE EXPLANATION OF TERMS SECTION OF FORM U4 INSTRUCTIONS FOR EXPLANATIONS OF ITALICIZED TERMS.**

**Criminal Disclosure**

<b>14A. (1) Have you ever:</b>	<b>YES</b>	<b>NO</b>
(a) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any <i>felony</i> ?	<input type="radio"/>	<input checked="" type="radio"/>
(b) been <i>charged</i> with any <i>felony</i> ?	<input type="radio"/>	<input checked="" type="radio"/>
 <b>(2) Based upon activities that occurred while you exercised <i>control</i> over it, has an organization ever:</b>		
(a) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic or foreign court to any <i>felony</i> ?	<input type="radio"/>	<input checked="" type="radio"/>
(b) been <i>charged</i> with any <i>felony</i> ?	<input type="radio"/>	<input checked="" type="radio"/>
 <b>14B. (1) Have you ever:</b>		
(a) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign or military court to a <i>misdemeanor involving</i> : investments or an <i>investment-related</i> business or any fraud, false statements or omissions, wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion, or a conspiracy to commit any of these offenses?	<input type="radio"/>	<input checked="" type="radio"/>
(b) been <i>charged</i> with a <i>misdemeanor</i> specified in 14B(1)(a)?	<input type="radio"/>	<input checked="" type="radio"/>
 <b>(2) Based upon activities that occurred while you exercised <i>control</i> over it, has an organization ever:</b>		



	<p>(a) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic or foreign court to a <i>misdemeanor</i> specified in 14B(1)(a)?</p> <p>(b) been <i>charged</i> with a <i>misdemeanor</i> specified in 14B(1)(a)?</p>	<input type="radio"/> <input checked="" type="radio"/>
<b>Regulatory Action Disclosure</b>		
<b>14C.</b>	<b>Has the U.S. Securities and Exchange Commission or the Commodity Futures Trading Commission ever:</b>	<b>YES NO</b>
	(1) <i>found</i> you to have made a false statement or omission?	<input type="radio"/> <input checked="" type="radio"/>
	(2) <i>found</i> you to have been <i>involved</i> in a violation of its regulations or statutes?	<input type="radio"/> <input checked="" type="radio"/>
	(3) <i>found</i> you to have been a cause of an <i>investment-related</i> business having its authorization to do business denied, suspended, revoked, or restricted?	<input type="radio"/> <input checked="" type="radio"/>
	(4) entered an <i>order</i> against you in connection with <i>investment-related</i> activity?	<input type="radio"/> <input checked="" type="radio"/>
	(5) imposed a civil money penalty on you, or <i>ordered</i> you to cease and desist from any activity?	<input type="radio"/> <input checked="" type="radio"/>
	<b>14D(1) Has any other Federal regulatory agency or any state regulatory agency or foreign financial regulatory authority ever:</b>	
	(a) <i>found</i> you to have made a false statement or omission or been dishonest, unfair or unethical?	<input type="radio"/> <input checked="" type="radio"/>
	(b) <i>found</i> you to have been <i>involved</i> in a violation of <i>investment-related</i> regulation(s) or statute(s)?	<input type="radio"/> <input checked="" type="radio"/>
	(c) <i>found</i> you to have been a cause of an <i>investment-related</i> business having its authorization to do business denied, suspended, revoked or restricted?	<input type="radio"/> <input checked="" type="radio"/>
	(d) entered an <i>order</i> against you in connection with an <i>investment-related</i> activity?	<input type="radio"/> <input checked="" type="radio"/>
	(e) denied, suspended, or revoked your registration or license or otherwise, by <i>order</i> , prevented you from associating with an <i>investment-related</i> business or restricted your activities?	<input type="radio"/> <input checked="" type="radio"/>
	<b>14D(2) Have you been subject to any <i>final order</i> of a state securities commission (or any agency or officer performing like functions), state authority that supervises or examines banks, savings associations, or credit unions, state insurance commission (or any agency or office performing like functions), an appropriate federal banking agency, or the National Credit Union Administration, that:</b>	
	(a) bars you from association with an entity regulated by such commission, authority, agency, or officer, or from engaging in the business of securities, insurance, banking, savings association activities, or credit union activities; or	<input type="radio"/> <input checked="" type="radio"/>
	(b) constitutes a <i>final order</i> based on violations of any laws or regulations that prohibit fraudulent, manipulative, or deceptive conduct?	<input type="radio"/> <input checked="" type="radio"/>
<b>14E.</b>	<b>Has any <i>self-regulatory organization</i> or commodities exchange ever:</b>	
	(1) <i>found</i> you to have made a false statement or omission?	<input type="radio"/> <input checked="" type="radio"/>
	(2) <i>found</i> you to have been <i>involved</i> in a violation of its rules (other than a violation designated as a " <i>minor rule violation</i> " under a plan approved by the U.S. Securities and Exchange Commission)?	<input type="radio"/> <input checked="" type="radio"/>
	(3) <i>found</i> you to have been the cause of an <i>investment-related</i> business having its authorization to do business denied, suspended, revoked or restricted?	<input type="radio"/> <input checked="" type="radio"/>

(4) disciplined you by expelling or suspending you from membership, barring or suspending your association with its members, or restricting your activities?	<input type="radio"/>	<input checked="" type="radio"/>
<b>14F. Have you ever had an authorization to act as an attorney, accountant or federal contractor that was revoked or suspended?</b>	<input type="radio"/>	<input checked="" type="radio"/>
<b>14G. Have you been notified, in writing, that you are now the subject of any:</b>		
(1) regulatory complaint or <i>proceeding</i> that could result in a "yes" answer to any part of 14C, D or E? (If yes, complete the Regulatory Action Disclosure Reporting Page.)	<input type="radio"/>	<input checked="" type="radio"/>
(2) <i>investigation</i> that could result in a "yes" answer to any part of 14A, B, C, D or E? (If yes, complete the Investigation Disclosure Reporting Page.)	<input type="radio"/>	<input checked="" type="radio"/>
<b>Civil Judicial Disclosure</b>		
<b>14H. (1) Has any domestic or foreign court ever:</b>	<b>YES</b>	<b>NO</b>
(a) <i>enjoined</i> you in connection with any <i>investment-related</i> activity?	<input type="radio"/>	<input checked="" type="radio"/>
(b) <i>found</i> that you were <i>involved</i> in a violation of any <i>investment-related</i> statute(s) or regulation(s)?	<input type="radio"/>	<input checked="" type="radio"/>
(c) dismissed, pursuant to a settlement agreement, an <i>investment-related</i> civil action brought against you by a state or <i>foreign financial regulatory authority</i> ?	<input type="radio"/>	<input checked="" type="radio"/>
<b>(2) Are you named in any pending <i>investment-related</i> civil action that could result in a "yes" answer to any part of 14H(1)?</b>	<input type="radio"/>	<input checked="" type="radio"/>
<b>Customer Complaint/Arbitration/Civil Litigation Disclosure</b>		
<b>14I. (1) Have you ever been named as a respondent/defendant in an <i>investment-related</i>, consumer-initiated arbitration or civil litigation which alleged that you were <i>involved</i> in one or more <i>sales practice violations</i> and which:</b>	<b>YES</b>	<b>NO</b>
(a) is still pending, or;	<input type="radio"/>	<input checked="" type="radio"/>
(b) resulted in an arbitration award or civil judgment against you, regardless of amount, or;	<input type="radio"/>	<input checked="" type="radio"/>
(c) was settled for an amount of \$10,000 or more?	<input type="radio"/>	<input checked="" type="radio"/>
<b>(2) Have you ever been the subject of an <i>investment-related</i>, consumer-initiated complaint, not otherwise reported under question 14I(1) above, which alleged that you were <i>involved</i> in one or more <i>sales practice violations</i>, and which complaint was settled for an amount of \$10,000 or more?</b>	<input type="radio"/>	<input checked="" type="radio"/>
<b>(3) Within the past twenty four (24) months, have you been the subject of an <i>investment-related</i>, consumer-initiated, written complaint, not otherwise reported under question 14I(1) or (2) above, which:</b>		
(a) alleged that you were <i>involved</i> in one or more <i>sales practice violations</i> and contained a claim for compensatory damages of \$5,000 or more (if no damage amount is alleged, the complaint must be reported unless the firm has made a good faith determination that the damages from the alleged conduct would be less than \$5,000), or;	<input type="radio"/>	<input checked="" type="radio"/>
(b) alleged that you were <i>involved</i> in forgery, theft, misappropriation or conversion of funds or securities?	<input type="radio"/>	<input checked="" type="radio"/>
<b>Termination Disclosure</b>		
<b>14J. Have you ever voluntarily <i>resigned</i>, been discharged or permitted to <i>resign</i> after allegations were made that accused you of:</b>	<b>YES</b>	<b>NO</b>
(1) violating <i>investment-related</i> statutes, regulations, rules, or industry standards of conduct?	<input type="radio"/>	<input checked="" type="radio"/>

(2) fraud or the wrongful taking of property? ☐ ☒

(3) failure to supervise in connection with *investment-related* statutes, regulations, rules or industry standards of conduct? ☐ ☒

#### Financial Disclosure

**14K. Within the past 10 years:**

**YES NO**

(1) have you made a compromise with creditors, filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition? ☐ ☒

(2) based upon events that occurred while you exercised *control* over it, has an organization made a compromise with creditors, filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition? ☐ ☒

(3) based upon events that occurred while you exercised *control* over it, has a broker or dealer been the subject of an involuntary bankruptcy petition, or had a trustee appointed, or had a direct payment procedure initiated under the Securities Investor Protection Act? ☐ ☒

**14L. Has a bonding company ever denied, paid out on, or revoked a bond for you?**

☐ ☒

**14M. Do you have any unsatisfied judgments or liens against you?**

☐ ☒

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#### 15. SIGNATURE SECTION

Please Read Carefully

All signatures required on this Form U4 filing must be made in this section.

A "signature" includes a manual signature or an electronically transmitted equivalent. For purposes of an electronic form filing, a signature is effected by typing a name in the designated signature field. By typing a name in this field, the signatory acknowledges and represents that the entry constitutes in every way, use, or aspect, his or her legally binding signature.

**15A INDIVIDUAL/APPLICANT'S ACKNOWLEDGMENT AND CONSENT**

This section must be completed on all initial or Temporary Registration form filings.

**15B FIRM/APPROPRIATE SIGNATORY REPRESENTATIONS**

This section must be completed on all initial or Temporary Registration form filings.

**15C TEMPORARY REGISTRATION ACKNOWLEDGMENT**

This section must be completed on Temporary Registration form filings to be able to receive Temporary Registration.

**15D INDIVIDUAL/APPLICANT'S AMENDMENT ACKNOWLEDGMENT AND CONSENT**

This section must be completed on any amendment filing that amends any information in Section 14 (Disclosure Questions) or any Disclosure Reporting Page (DRP).

**15E FIRM/APPROPRIATE SIGNATORY AMENDMENT REPRESENTATIONS**

This section must be completed on all amendment form filings.

**15F FIRM/APPROPRIATE SIGNATORY CONCURRENCE**

This section must be completed to concur with a U4 filing made by another *firm* (IA/BD) on behalf of an individual that is also registered with that other *firm* (IA/BD).

#### 15C. TEMPORARY REGISTRATION ACKNOWLEDGMENT

If an *applicant* has been registered in a *jurisdiction* or *self regulatory organization (SRO)* in the 30 days prior to the date an application for registration is filed with the Central Registration Depository or Investment Adviser Registration Depository, he or she may qualify for a Temporary Registration to conduct securities business in that *jurisdiction* or *SRO* if this acknowledgment is executed and filed with the Form U4 at the *applicant's firm*.

This acknowledgment must be signed only if the *applicant* intends to apply for a Temporary Registration while the application for registration is under review.

I request a Temporary Registration in each *jurisdiction* and/or *SRO* requested on this Form U4, while my registration with the *jurisdiction(s)* and/or *SRO(s)* requested is under review;

I am requesting a Temporary Registration with the *firm* filing on my behalf for the *jurisdiction(s)* and/or *SRO(s)* noted in Section 4 (SRO REGISTRATION) and/or Section 5 (JURISDICTION REGISTRATION) of this Form U4;

I understand that I may request a Temporary Registration only in those *jurisdiction(s)* and/or *SRO(s)* in which I have been registered with my prior *firm* within the previous 30 days;

I understand that I may not engage in any securities activities requiring registration in a *jurisdiction* and/or *SRO* until I have received notice from the CRD or IARD that I have been granted a Temporary Registration in that *jurisdiction* and/or *SRO*;

I agree that until the Temporary Registration has been replaced by a registration, any *jurisdiction* and/or *SRO* in which I have applied for registration may withdraw the Temporary Registration;

If a *jurisdiction* or *SRO* withdraws my Temporary Registration, my application will then be held pending in that *jurisdiction* and/or *SRO* until its review is complete and the registration is granted or denied, or the application is withdrawn;

I understand and agree that, in the event my Temporary Registration is withdrawn by a *jurisdiction* and/or *SRO*, I must immediately cease any securities activities requiring a registration in that *jurisdiction* and/or *SRO* until it grants my registration;

I understand that by executing this Acknowledgment I am agreeing not to challenge the withdrawal of a Temporary Registration; however, I do not waive any right I may have in any *jurisdiction* and/or *SRO* with respect to any decision by that *jurisdiction* and/or *SRO* to deny my application for registration.

**Date (MM/DD/YYYY)**

**Signature of *Applicant***

**Signature** \_\_\_\_\_

#### 15D. AMENDMENT INDIVIDUAL/APPLICANT'S ACKNOWLEDGMENT AND CONSENT

**Date (MM/DD/YYYY)**

**Signature of *Applicant***

**Signature** \_\_\_\_\_

#### 15E. FIRM/APPROPRIATE SIGNATORY AMENDMENT REPRESENTATIONS

**Date (MM/DD/YYYY)**

01/07/2009

**Signature of *Appropriate Signatory***

BERNARD GARRUPPO

**Signature** \_\_\_\_\_

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**CRIMINAL DRP**

No Information Filed

Rev. Form U4 (10/2005)

**REGULATORY ACTION DRP**

No Information Filed

Rev. Form U4 (10/2005)

**CIVIL JUDICIAL DRP**

No Information Filed

Rev. Form U4 (10/2005)

**CUSTOMER COMPLAINT/ARBITRATION/CIVIL LITIGATION DRP**

No Information Filed

Rev. Form U4 (10/2005)

**TERMINATION DRP**

No Information Filed

Rev. Form U4 (10/2005)

**INVESTIGATION DRP**

No Information Filed

Rev. Form U4 (10/2005)

**BANKRUPTCY/SIPC/COMPROMISE WITH CREDITORS DRP**

No Information Filed

Rev. Form U4 (10/2005)

**BOND DRP**

No Information Filed

Rev. Form U4 (10/2005)

**JUDGMENT LIEN DRP**

No Information Filed

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# FORM U4

## UNIFORM APPLICATION FOR SECURITIES INDUSTRY REGISTRATION OR TRANSFER

U4 - INITIAL

02/03/2009

Rev. Form U4 (10/2005)

### 1. GENERAL INFORMATION

<b>First Name:</b> ARJAN	<b>Middle Name:</b> M	<b>Last Name:</b> ROGHANCHI	<b>Suffix:</b>
<b>Firm CRD #:</b> 14974	<b>Firm Name:</b> R. SEELAUS & CO., INC.	<b>Employment Date (MM/DD/YYYY):</b> 02/03/2009	
<b>Firm Billing Code:</b>	<b>Individual CRD #:</b> 5404562	<b>Individual SSN:</b> 150-88-5187	

Do you have an independent contractor relationship with the above named firm?:

☐ Yes ☒ No

#### Office of Employment Address

CRD Branch #	NYSE Branch Code #	Firm Billing Code	Address	Private Residence	Type of Office	Start Date	End Date
BD Main			25 DEFOREST AVENUE - SUITE 102  SUMMIT , NJ 07901	N	Located At	02/03/2009	

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### 2. FINGERPRINT INFORMATION

#### Electronic Filing Representation

- ☒ By selecting this option, I represent that I am submitting, have submitted, or promptly will submit to the appropriate *SRO* a fingerprint card as required under applicable *SRO* rules; or
- Fingerprint card barcode
- ☐ By selecting this option, I represent that I have been employed continuously by the *filing firm* since the last submission of a fingerprint card to CRD and am not required to resubmit a fingerprint card at this time; or,
- ☐ By selecting this option, I represent that I have been employed continuously by the *filing firm* and my fingerprints have been processed by an *SRO* other than FINRA. I am submitting, have submitted, or promptly will submit the processed results for posting to CRD.

#### Exceptions to the Fingerprint Requirement

- ☐ By selecting one or more of the following two options, I affirm that I am exempt from the federal fingerprint requirement because I/*filing firm* currently satisfy(ies) the requirements of at least one of the permissive exemptions indicated below pursuant to Rule 17f-2 under the Securities Exchange Act of 1934, including any notice or application requirements specified therein:

- ☐ Rule 17f-2(a)(1)(i)
- ☐ Rule 17f-2(a)(1)(iii)

#### Investment Adviser Representative Only Applicants

- ☐ I affirm that I am applying only as an investment adviser representative and that I am not also applying or have not also applied with this *firm* to become a broker-dealer representative. If this radio button/box is selected, continue below.
- ☐ I am applying for registration only in *jurisdictions* that do not have fingerprint card filing requirements, or
- ☐ I am applying for registration in *jurisdictions* that have fingerprint card filing requirements and I am submitting, have submitted, or promptly will submit the appropriate fingerprint card directly to the *jurisdictions* for processing pursuant to applicable *jurisdiction* rules.

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### 3. REGISTRATIONS WITH UNAFFILIATED FIRMS

Some *jurisdictions* prohibit "dual registration," which occurs when an individual chooses to maintain a concurrent registration as a representative/agent with two or more *firms* (either BD or IA *firms*) that are not affiliated. *Jurisdictions* that prohibit dual registration would not, for example, permit a broker-dealer agent working with brokerage *firm* A to maintain a registration with brokerage *firm* B if *firms* A and B are not owned or controlled by a common parent. Before seeking a dual registration status, you should consult the applicable rules or statutes of the *jurisdictions* with which you seek registration for prohibitions on dual registrations or any liability provisions.

Please indicate whether the individual will maintain a "dual registration" status by answering the questions in this section. (Note: An individual should answer 'yes' only if the individual is currently registered and is seeking registration with a *firm* (either BD or IA) that is not affiliated with the individual's current employing *firm*. If this is an initial application, an individual must answer 'no' to these questions; a "dual registration" may be initiated only after an initial registration has been established).

Answer "yes" or "no" to the following questions:

Yes No

- A. Will *applicant* maintain registration with a broker-dealer that is not *affiliated* with the *filing firm*? If you answer "yes," list the *firm*(s) in Section 12 (Employment History). ☐ Yes ☒ No
- B. Will *applicant* maintain registration with an investment adviser that is not *affiliated* with the *filing firm*? If you answer "yes," list the *firm*(s) in Section 12 (Employment History). ☐ Yes ☒ No

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### 4. SRO REGISTRATIONS

Check appropriate **SRO** Registration requests.

Qualifying examinations will be automatically scheduled if needed. If you are only scheduling or re-scheduling an exam, skip this section and complete Section 7 (EXAMINATION REQUESTS).

REGISTRATION CATEGORY	FINRA	NYSE	AMEX	BATS	BSE	NSX	ARCA	CBOE	CHX	PHLX	ISE	NOX
OP - Registered Options Principal (S4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IR - Investment Company and Variable Contracts Products Rep. (S6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>						<input type="checkbox"/>

GS - Full Registration/General Securities Representative (S7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TR - Securities Trader (S7)		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>						
TS - Trading Supervisor (S7)		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>						
SU - General Securities Sales Supervisor (S9 and S10)	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
BM - Branch Office Manager (S9 and S10)		<input type="checkbox"/>	<input type="checkbox"/>									
SM - Securities Manager (S10)		<input type="checkbox"/>										
AR - Assistant Representative/Order Processing (S11)	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
<b>REGISTRATION CATEGORY</b>	<b>FINRA</b>	<b>NYSE</b>	<b>AMEX</b>	<b>BATS</b>	<b>BSE</b>	<b>NSX</b>	<b>ARCA</b>	<b>CBOE</b>	<b>CHX</b>	<b>PHLX</b>	<b>ISE</b>	<b>NOX</b>
IE - United Kingdom - Limited General Securities Registered Representative (S17)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
DR - Direct Participation Program Representative (S22)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			
GP - General Securities Principal (S24)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>
IP - Investment Company and Variable Contracts Products Principal (S26)	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>						<input type="checkbox"/>
FA - Foreign Associate	<input type="checkbox"/>											
FN - Financial and Operations Principal (S27)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
FI - Introducing Broker-Dealer/Financial and Operations Principal (S28)	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
RS - Research Analyst (S86, S87)	<input type="checkbox"/>	<input type="checkbox"/>										
RP - Research Principal	<input type="checkbox"/>											
DP - Direct Participation Program Principal (S39)	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			
OR - Options Representative (S42)	<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>			<input type="checkbox"/>
<b>REGISTRATION CATEGORY</b>	<b>FINRA</b>	<b>NYSE</b>	<b>AMEX</b>	<b>BATS</b>	<b>BSE</b>	<b>NSX</b>	<b>ARCA</b>	<b>CBOE</b>	<b>CHX</b>	<b>PHLX</b>	<b>ISE</b>	<b>NOX</b>
MR - Municipal Securities Representative (S52)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			
MP - Municipal Securities Principal (S53)	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			



CS - Corporate Securities Representative (S62)	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
RG - Government Securities Representative (S72)	<input type="checkbox"/>											
PG - Government Securities Principal (S73)	<input type="checkbox"/>											
SA - Supervisory Analyst (S16)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
PR - Limited Representative - Private Securities Offerings (S82)	<input type="checkbox"/>		<input type="checkbox"/>									
CD - Canada-Limited General Securities Registered Representative (S37)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
CN - Canada-Limited General Securities Registered Representative (S38)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>
<b>REGISTRATION CATEGORY</b>	<b>FINRA</b>	<b>NYSE</b>	<b>AMEX</b>	<b>BATS</b>	<b>BSE</b>	<b>NSX</b>	<b>ARCA</b>	<b>CBOE</b>	<b>CHX</b>	<b>PHLX</b>	<b>ISE</b>	<b>NOX</b>
ET - Equity Trader (S55)	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>						<input type="checkbox"/>
AM - Allied Member		<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>					
AP - Approved Person		<input type="checkbox"/>	<input type="checkbox"/>									
LE - Securities Lending Representative		<input type="checkbox"/>	<input type="checkbox"/>									
LS - Securities Lending Supervisor		<input type="checkbox"/>	<input type="checkbox"/>									
ME - Member Exchange		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>		
FE - Floor Employee		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>						
OF - Officer		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>						
CO - Compliance Official (S14)		<input type="checkbox"/>										
<b>REGISTRATION CATEGORY</b>	<b>FINRA</b>	<b>NYSE</b>	<b>AMEX</b>	<b>BATS</b>	<b>BSE</b>	<b>NSX</b>	<b>ARCA</b>	<b>CBOE</b>	<b>CHX</b>	<b>PHLX</b>	<b>ISE</b>	<b>NOX</b>
CF - Compliance Official Specialist (S14A)		<input type="checkbox"/>										
PM - Floor Member Conducting Public Business		<input type="checkbox"/>	<input type="checkbox"/>									
PC - Floor Clerk Conducting Public Business		<input type="checkbox"/>	<input type="checkbox"/>									
SC - Specialist Clerk (S21)		<input type="checkbox"/>	<input type="checkbox"/>									
TA - Trading Assistant (S25)		<input type="checkbox"/>										
FP - Municipal Fund (S51)	<input type="checkbox"/>											
IF - In-Firm Delivery Proctor	<input type="checkbox"/>	<input type="checkbox"/>										
MM - Market Maker Authorized Trader-Options							<input type="checkbox"/>					

(S44)													
<b>REGISTRATION CATEGORY</b>	<b>FINRA</b>	<b>NYSE</b>	<b>AMEX</b>	<b>BATS</b>	<b>BSE</b>	<b>NSX</b>	<b>ARCA</b>	<b>CBOE</b>	<b>CHX</b>	<b>PHLX</b>	<b>ISE</b>	<b>NOX</b>	
FB - Floor Broker							<input type="checkbox"/>						
MB - Market Maker acting as Floor Broker							<input type="checkbox"/>						
OT - Authorized Trader (S7)							<input type="checkbox"/>						
MT - Market Maker Authorized Trader-Equities (S7)							<input type="checkbox"/>						
Other _____ (Paper Form Only)													

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**5. JURISDICTION REGISTRATION**

Check appropriate *jurisdiction(s)* for broker-dealer agent (AG) and/or investment adviser representative (RA) registration requests.

JURISDICTION	AG	RA	JURISDICTION	AG	RA	JURISDICTION	AG	RA	JURISDICTION	AG	RA
Alabama	<input type="checkbox"/>	<input type="checkbox"/>	Illinois	<input type="checkbox"/>	<input type="checkbox"/>	Montana	<input type="checkbox"/>	<input type="checkbox"/>	Puerto Rico	<input type="checkbox"/>	<input type="checkbox"/>
Alaska	<input type="checkbox"/>	<input type="checkbox"/>	Indiana	<input type="checkbox"/>	<input type="checkbox"/>	Nebraska	<input type="checkbox"/>	<input type="checkbox"/>	Rhode Island	<input type="checkbox"/>	<input type="checkbox"/>
Arizona	<input type="checkbox"/>	<input type="checkbox"/>	Iowa	<input type="checkbox"/>	<input type="checkbox"/>	Nevada	<input type="checkbox"/>	<input type="checkbox"/>	South Carolina	<input type="checkbox"/>	<input type="checkbox"/>
Arkansas	<input type="checkbox"/>	<input type="checkbox"/>	Kansas	<input type="checkbox"/>	<input type="checkbox"/>	New Hampshire	<input type="checkbox"/>	<input type="checkbox"/>	South Dakota	<input type="checkbox"/>	<input type="checkbox"/>
California	<input type="checkbox"/>	<input type="checkbox"/>	Kentucky	<input type="checkbox"/>	<input type="checkbox"/>	New Jersey	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Tennessee	<input type="checkbox"/>	<input type="checkbox"/>
Colorado	<input type="checkbox"/>	<input type="checkbox"/>	Louisiana	<input type="checkbox"/>	<input type="checkbox"/>	New Mexico	<input type="checkbox"/>	<input type="checkbox"/>	Texas	<input type="checkbox"/>	<input type="checkbox"/>
Connecticut	<input type="checkbox"/>	<input type="checkbox"/>	Maine	<input type="checkbox"/>	<input type="checkbox"/>	New York	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Utah	<input type="checkbox"/>	<input type="checkbox"/>
Delaware	<input type="checkbox"/>	<input type="checkbox"/>	Maryland	<input type="checkbox"/>	<input type="checkbox"/>	North Carolina	<input type="checkbox"/>	<input type="checkbox"/>	Vermont	<input type="checkbox"/>	<input type="checkbox"/>
District of Columbia	<input type="checkbox"/>	<input type="checkbox"/>	Massachusetts	<input type="checkbox"/>	<input type="checkbox"/>	North Dakota	<input type="checkbox"/>	<input type="checkbox"/>	Virgin Islands	<input type="checkbox"/>	<input type="checkbox"/>
Florida	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Michigan	<input type="checkbox"/>	<input type="checkbox"/>	Ohio	<input type="checkbox"/>	<input type="checkbox"/>	Virginia	<input type="checkbox"/>	<input type="checkbox"/>
Georgia	<input type="checkbox"/>	<input type="checkbox"/>	Minnesota	<input type="checkbox"/>	<input type="checkbox"/>	Oklahoma	<input type="checkbox"/>	<input type="checkbox"/>	Washington	<input type="checkbox"/>	<input type="checkbox"/>
Hawaii	<input type="checkbox"/>	<input type="checkbox"/>	Mississippi	<input type="checkbox"/>	<input type="checkbox"/>	Oregon	<input type="checkbox"/>	<input type="checkbox"/>	West Virginia	<input type="checkbox"/>	<input type="checkbox"/>
Idaho	<input type="checkbox"/>	<input type="checkbox"/>	Missouri	<input type="checkbox"/>	<input type="checkbox"/>	Pennsylvania	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wisconsin	<input type="checkbox"/>	<input type="checkbox"/>
									Wyoming	<input type="checkbox"/>	<input type="checkbox"/>

AGENT OF THE ISSUER REGISTRATION (AI) ☐ Indicate 2 letter *jurisdiction* code (s): \_\_\_\_\_

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**6. REGISTRATION REQUESTS WITH AFFILIATED FIRMS**

Will *applicant* maintain registration with *firm(s)* under common ownership or control with the *filing firm*?  
If "yes", fill in the details to indicate a request for registration with additional *firm(s)*.

☐ Yes ☒ No

No Information Filed

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**7. EXAMINATION REQUESTS**

**Scheduling or Rescheduling Examinations** Complete this section only if you are scheduling or rescheduling an examination or continuing education session. Do not select the Series 63 (S63) or Series 65 (S65) examinations in this section if you have completed Section 5 (JURISDICTION REGISTRATION) and have selected registration in a *jurisdiction*. If you have completed Section 5 (JURISDICTION REGISTRATION), and requested an AG registration in a *jurisdiction* that requires that you pass the S63 examination, an S63 examination will be automatically scheduled for you upon submission of this Form U4. If you have completed Section 5 (JURISDICTION REGISTRATION), and requested an RA registration in a *jurisdiction* that requires that you pass the S65 examination, an S65 examination will be automatically scheduled for you upon submission of this Form U4.

<input type="checkbox"/> S3	<input type="checkbox"/> S11	<input type="checkbox"/> S22	<input type="checkbox"/> S32	<input type="checkbox"/> S51	<input type="checkbox"/> S73
<input type="checkbox"/> S4	<input type="checkbox"/> S12	<input type="checkbox"/> S23	<input type="checkbox"/> S33	<input type="checkbox"/> S52	<input type="checkbox"/> S82
<input type="checkbox"/> S5	<input type="checkbox"/> S14	<input type="checkbox"/> S24	<input type="checkbox"/> S37	<input type="checkbox"/> S53	<input type="checkbox"/> S86
<input type="checkbox"/> S6	<input type="checkbox"/> S14A	<input type="checkbox"/> S25	<input type="checkbox"/> S38	<input type="checkbox"/> S55	<input type="checkbox"/> S87
<input type="checkbox"/> S7	<input type="checkbox"/> S15	<input type="checkbox"/> S26	<input type="checkbox"/> S39	<input type="checkbox"/> S62	<input type="checkbox"/> S101
<input type="checkbox"/> S7A	<input type="checkbox"/> S16	<input type="checkbox"/> S27	<input type="checkbox"/> S42	<input type="checkbox"/> S63	<input type="checkbox"/> S106
<input type="checkbox"/> S9	<input type="checkbox"/> S17	<input type="checkbox"/> S28	<input type="checkbox"/> S44	<input type="checkbox"/> S65	<input type="checkbox"/> S201
<input type="checkbox"/> S10	<input type="checkbox"/> S21	<input type="checkbox"/> S30	<input type="checkbox"/> S45	<input type="checkbox"/> S66	
		<input type="checkbox"/> S31	<input type="checkbox"/> S46	<input type="checkbox"/> S72	

Other \_\_\_\_\_ (Paper Form Only)

OPTIONAL: Foreign Exam City \_\_\_\_\_

Date (MM/DD/YYYY) \_\_\_\_\_

If you have taken an exam prior to registering through the CRD system please enter the exam type and date taken.

**Exam type:** \_\_\_\_\_**Date taken (MM/DD/YYYY):** \_\_\_\_\_

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**8. PROFESSIONAL DESIGNATIONS**

Select each designation you currently maintain.

- ☐ Certified Financial Planner
- ☐ Chartered Financial Consultant (ChFC)
- ☐ Personal Financial Specialist (PFS)
- ☐ Chartered Financial Analyst (CFA)
- ☐ Chartered Investment Counselor (CIC)

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**9. IDENTIFYING INFORMATION/NAME CHANGE****First Name:**  
ARJAN**Middle Name:**  
M**Last Name:**  
ROGHANCHI**Suffix:****Date of Birth**  
(MM/DD/YYYY)  
06/21/1984**State/Province of Birth**  
PA**Country of Birth**  
US**Sex**☒ Male ☐ Female

<b>Height (ft)</b> 6	<b>Height (in)</b> 1	<b>Weight (lbs)</b> 260
<b>Hair Color</b> Black	<b>Eye Color</b> Brown	

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**10. OTHER NAMES**

No Information Filed

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**11. RESIDENTIAL HISTORY**

Starting with the current address, give all addresses for the past 5 years. Report changes as they occur.

From	To	Street	City	State	Country	Postal Code
12/2008	PRESENT	9 BEACH STREET	MAPLEWOOD	NJ	USA	07040
01/2007	12/2008	348 W. DUARTE RD. #G	MONROVIA	CA	U.S.A.	91016
10/2006	01/2007	146 E. HILCREST BLVD	MONROVIA	CA	U.S.A.	91016
03/2006	10/2006	17 SHORT HILLS CIRCLE	MILLBURN	NJ	U.S.A.	07041
06/1994	02/2006	561 PROSPECT ST	MAPLEWOOD	NJ	U.S.A.	07040

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**12. EMPLOYMENT HISTORY**

Provide complete employment history for the past 10 years. Include the *firm(s)* noted in Section 1 (GENERAL INFORMATION) and Section 6 (REGISTRATION REQUESTS WITH AFFILIATED FIRMS). Include all *firm(s)* from Section 3 (REGISTRATION WITH UNAFFILIATED FIRMS). Account for all time including full and part-time employments, self-employment, military service, and homemaking. Also include statuses such as unemployed, full-time education, extended travel, or other similar statuses. Report changes as they occur.

From	To	Name of <i>Firm</i> or Company	Investment-Related business?	City	State	Country	Position
02/2009	PRESENT	R. SEELAUS & CO. INC	<input checked="" type="radio"/> Yes <input type="radio"/> No	SUMMIT	NJ	USA	FINANCIAL ADVISOR
07/2007	11/2008	MORGAN STANLEY	<input checked="" type="radio"/> Yes <input type="radio"/> No	PASADENA	CA	USA	FINANCIAL ADVISOR
11/2006	06/2007	MARIA'S KITCHEN	<input type="radio"/> Yes <input checked="" type="radio"/> No	VAN NUYS	CA	U.S.A.	MANAGER
07/2006	10/2006	DAVID RUBENSTEIN	<input type="radio"/> Yes <input checked="" type="radio"/> No	PARAMUS	NJ	U.S.A.	LOAN OFFICER ASSISTANT
11/2004	06/2006	LOT 15 GRILL	<input type="radio"/> Yes <input checked="" type="radio"/> No	SOUTH ORANGE	NJ	U.S.A.	MANAGER
09/2002	11/2004	ROWAN UNIVERSITY	<input type="radio"/> Yes <input checked="" type="radio"/> No	GLASSBORO	NJ	U.S.A.	STUDENT
04/2001	08/2004	CENT'ANN RESTAURANT	<input type="radio"/> Yes <input checked="" type="radio"/> No	MAPLEWOOD	NJ	U.S.A.	SERVER
01/1997	09/2002	MAPLEWOOD/SOUTH ORANGE SCHOOL	<input type="radio"/> Yes <input checked="" type="radio"/> No	MAPLEWOOD	NJ	U.S.A.	STUDENT

DISTRICT

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**13. OTHER BUSINESS**

Are you currently engaged in any other business either as a proprietor, partner, officer, director, employee, trustee, agent or otherwise? (Please exclude non *investment-related* activity that is exclusively charitable, civic, religious or fraternal and is recognized as tax exempt.) If YES, please provide the following details: the name of the other business, whether the business is *investment-related*, the address of the other business, the nature of the other business, your position, title, or relationship with the other business, the start date of your relationship, the approximate number of hours/month you devote to the other business, the number of hours you devote to the other business during securities trading hours, and briefly describe your duties relating to the other business.

☐ Yes ☒ No

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**14. DISCLOSURE QUESTIONS**

**IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS 'YES', COMPLETE DETAILS OF ALL EVENTS OR PROCEEDINGS ON APPROPRIATE DRP(S)**

**REFER TO THE EXPLANATION OF TERMS SECTION OF FORM U4 INSTRUCTIONS FOR EXPLANATIONS OF ITALICIZED TERMS.**

**Criminal Disclosure**

- | <b>14A. (1) Have you ever:</b>  | <b>YES</b>            | <b>NO</b>                        |
|---|-----------------------|----------------------------------|
| (a) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any <i>felony</i> ? | <input type="radio"/> | <input checked="" type="radio"/> |
| (b) been <i>charged</i> with any <i>felony</i> ?  | <input type="radio"/> | <input checked="" type="radio"/> |
| <b>(2) Based upon activities that occurred while you exercised <i>control</i> over it, has an organization ever:</b>                    |                       |                                  |
| (a) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic or foreign court to any <i>felony</i> ?            | <input type="radio"/> | <input checked="" type="radio"/> |
| (b) been <i>charged</i> with any <i>felony</i> ?  | <input type="radio"/> | <input checked="" type="radio"/> |

**14B. (1) Have you ever:**

- |   |                       |                                  |
|---|-----------------------|----------------------------------|
| (a) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign or military court to a <i>misdemeanor involving</i> : investments or an <i>investment-related</i> business or any fraud, false statements or omissions, wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion, or a conspiracy to commit any of these offenses? | <input type="radio"/> | <input checked="" type="radio"/> |
| (b) been <i>charged</i> with a <i>misdemeanor</i> specified in 14B(1)(a)?   | <input type="radio"/> | <input checked="" type="radio"/> |

**(2) Based upon activities that occurred while you exercised *control* over it, has an organization ever:**

- |   |                       |                                  |
|---|-----------------------|----------------------------------|
| (a) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic or foreign court to a <i>misdemeanor</i> specified in 14B(1)(a)? | <input type="radio"/> | <input checked="" type="radio"/> |
| (b) been <i>charged</i> with a <i>misdemeanor</i> specified in 14B(1)(a)?   | <input type="radio"/> | <input checked="" type="radio"/> |

**Regulatory Action Disclosure**

	YES	NO
<b>14C. Has the U.S. Securities and Exchange Commission or the Commodity Futures Trading Commission ever:</b>		
(1) <i>found</i> you to have made a false statement or omission?	<input type="radio"/>	<input checked="" type="radio"/>
(2) <i>found</i> you to have been <i>involved</i> in a violation of its regulations or statutes?	<input type="radio"/>	<input checked="" type="radio"/>
(3) <i>found</i> you to have been a cause of an <i>investment-related</i> business having its authorization to do business denied, suspended, revoked, or restricted?	<input type="radio"/>	<input checked="" type="radio"/>
(4) entered an <i>order</i> against you in connection with <i>investment-related</i> activity?	<input type="radio"/>	<input checked="" type="radio"/>
(5) imposed a civil money penalty on you, or <i>ordered</i> you to cease and desist from any activity?	<input type="radio"/>	<input checked="" type="radio"/>
<b>14D(1) Has any other Federal regulatory agency or any state regulatory agency or foreign financial regulatory authority ever:</b>		
(a) <i>found</i> you to have made a false statement or omission or been dishonest, unfair or unethical?	<input type="radio"/>	<input checked="" type="radio"/>
(b) <i>found</i> you to have been <i>involved</i> in a violation of <i>investment-related</i> regulation(s) or statute(s)?	<input type="radio"/>	<input checked="" type="radio"/>
(c) <i>found</i> you to have been a cause of an <i>investment-related</i> business having its authorization to do business denied, suspended, revoked or restricted?	<input type="radio"/>	<input checked="" type="radio"/>
(d) entered an <i>order</i> against you in connection with an <i>investment-related</i> activity?	<input type="radio"/>	<input checked="" type="radio"/>
(e) denied, suspended, or revoked your registration or license or otherwise, by <i>order</i> , prevented you from associating with an <i>investment-related</i> business or restricted your activities?	<input type="radio"/>	<input checked="" type="radio"/>
<b>14D(2) Have you been subject to any <i>final order</i> of a state securities commission (or any agency or officer performing like functions), state authority that supervises or examines banks, savings associations, or credit unions, state insurance commission (or any agency or office performing like functions), an appropriate federal banking agency, or the National Credit Union Administration, that:</b>		
(a) bars you from association with an entity regulated by such commission, authority, agency, or officer, or from engaging in the business of securities, insurance, banking, savings association activities, or credit union activities; or	<input type="radio"/>	<input checked="" type="radio"/>
(b) constitutes a <i>final order</i> based on violations of any laws or regulations that prohibit fraudulent, manipulative, or deceptive conduct?	<input type="radio"/>	<input checked="" type="radio"/>
<b>14E. Has any self-regulatory organization or commodities exchange ever:</b>		
(1) <i>found</i> you to have made a false statement or omission?	<input type="radio"/>	<input checked="" type="radio"/>
(2) <i>found</i> you to have been <i>involved</i> in a violation of its rules (other than a violation designated as a " <i>minor rule violation</i> " under a plan approved by the U.S. Securities and Exchange Commission)?	<input type="radio"/>	<input checked="" type="radio"/>
(3) <i>found</i> you to have been the cause of an <i>investment-related</i> business having its authorization to do business denied, suspended, revoked or restricted?	<input type="radio"/>	<input checked="" type="radio"/>
(4) disciplined you by expelling or suspending you from membership, barring or suspending your association with its members, or restricting your activities?	<input type="radio"/>	<input checked="" type="radio"/>
<b>14F. Have you ever had an authorization to act as an attorney, accountant or federal contractor that was revoked or suspended?</b>	<input type="radio"/>	<input checked="" type="radio"/>

**14G. Have you been notified, in writing, that you are now the subject of any:**

- (1) regulatory complaint or *proceeding* that could result in a "yes" answer to any part of 14C, D or E? (If yes, complete the Regulatory Action Disclosure Reporting Page.) ☐ ☒
- (2) *investigation* that could result in a "yes" answer to any part of 14A, B, C, D or E? (If yes, complete the Investigation Disclosure Reporting Page.) ☐ ☒

**Civil Judicial Disclosure****14H. (1) Has any domestic or foreign court ever:****YES NO**(a) *enjoined* you in connection with any *investment-related* activity? ☐ ☒(b) *found* that you were *involved* in a violation of any *investment-related* statute(s) or regulation(s)? ☐ ☒(c) dismissed, pursuant to a settlement agreement, an *investment-related* civil action brought against you by a state or *foreign financial regulatory authority*? ☐ ☒(2) Are you named in any pending *investment-related* civil action that could result in a "yes" answer to any part of 14H(1)? ☐ ☒**Customer Complaint/Arbitration/Civil Litigation Disclosure****14I. (1) Have you ever been named as a respondent/defendant in an *investment-related*, consumer-initiated arbitration or civil litigation which alleged that you were *involved* in one or more *sales practice violations* and which:****YES NO**(a) is still pending, or; ☐ ☒(b) resulted in an arbitration award or civil judgment against you, regardless of amount, or; ☐ ☒(c) was settled for an amount of \$10,000 or more? ☐ ☒(2) Have you ever been the subject of an *investment-related*, consumer-initiated complaint, not otherwise reported under question 14I(1) above, which alleged that you were *involved* in one or more *sales practice violations*, and which complaint was settled for an amount of \$10,000 or more? ☐ ☒(3) Within the past twenty four (24) months, have you been the subject of an *investment-related*, consumer-initiated, written complaint, not otherwise reported under question 14I(1) or (2) above, which:(a) alleged that you were *involved* in one or more *sales practice violations* and contained a claim for compensatory damages of \$5,000 or more (if no damage amount is alleged, the complaint must be reported unless the firm has made a good faith determination that the damages from the alleged conduct would be less than \$5,000), or; ☐ ☒(b) alleged that you were *involved* in forgery, theft, misappropriation or conversion of funds or securities? ☐ ☒**Termination Disclosure****14J. Have you ever voluntarily *resigned*, been discharged or permitted to *resign* after allegations were made that accused you of:****YES NO**(1) violating *investment-related* statutes, regulations, rules, or industry standards of conduct? ☐ ☒(2) fraud or the wrongful taking of property? ☐ ☒(3) failure to supervise in connection with *investment-related* statutes, regulations, rules or industry standards of conduct? ☐ ☒**Financial Disclosure**

14K. Within the past 10 years:	YES	NO
(1) have you made a compromise with creditors, filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition?	<input type="radio"/>	<input checked="" type="radio"/>
(2) based upon events that occurred while you exercised <i>control</i> over it, has an organization made a compromise with creditors, filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition?	<input type="radio"/>	<input checked="" type="radio"/>
(3) based upon events that occurred while you exercised <i>control</i> over it, has a broker or dealer been the subject of an involuntary bankruptcy petition, or had a trustee appointed, or had a direct payment procedure initiated under the Securities Investor Protection Act?	<input type="radio"/>	<input checked="" type="radio"/>

---

14L. Has a bonding company ever denied, paid out on, or revoked a bond for you? ☐ YES ☒ NO

---

14M. Do you have any unsatisfied judgments or liens against you? ☐ YES ☒ NO

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**15. SIGNATURE SECTION**

Please Read Carefully

All signatures required on this Form U4 filing must be made in this section.

A "signature" includes a manual signature or an electronically transmitted equivalent. For purposes of an electronic form filing, a signature is effected by typing a name in the designated signature field. By typing a name in this field, the signatory acknowledges and represents that the entry constitutes in every way, use, or aspect, his or her legally binding signature.

- 15A INDIVIDUAL/APPLICANT'S ACKNOWLEDGMENT AND CONSENT  
This section must be completed on all initial or Temporary Registration form filings.
- 15B FIRM/APPROPRIATE SIGNATORY REPRESENTATIONS  
This section must be completed on all initial or Temporary Registration form filings.
- 15C TEMPORARY REGISTRATION ACKNOWLEDGMENT  
This section must be completed on Temporary Registration form filings to be able to receive Temporary Registration.
- 15D INDIVIDUAL/APPLICANT'S AMENDMENT ACKNOWLEDGMENT AND CONSENT  
This section must be completed on any amendment filing that amends any information in Section 14 (Disclosure Questions) or any Disclosure Reporting Page (DRP).
- 15E FIRM/APPROPRIATE SIGNATORY AMENDMENT REPRESENTATIONS  
This section must be completed on all amendment form filings.
- 15F FIRM/APPROPRIATE SIGNATORY CONCURRENCE  
This section must be completed to concur with a U4 filing made by another *firm* (IA/BD) on behalf of an individual that is also registered with that other *firm* (IA/BD).

**15A. INDIVIDUAL/APPLICANT'S ACKNOWLEDGMENT AND CONSENT**

- I swear or affirm that I have read and understand the items and instructions on this form and that my answers (including attachments) are true and complete to the best of my knowledge. I understand that I am subject to administrative, civil or criminal penalties if I give false or misleading answers.
- I apply for registration with the *jurisdictions* and *SROs* indicated in Section 4 (SRO REGISTRATION) and Section 5 (JURISDICTION REGISTRATION) as may be amended from time to time and, in



consideration of the *jurisdictions* and *SROs* receiving and considering my application, I submit to the authority of the *jurisdictions* and *SROs* and agree to comply with all provisions, conditions and covenants of the statutes, constitutions, certificates of incorporation, by-laws and rules and regulations of the *jurisdictions* and *SROs* as they are or may be adopted, or amended from time to time. I further agree to be subject to and comply with all requirements, rulings, orders, directives and decisions of, and penalties, prohibitions and limitations imposed by the *jurisdictions* and *SROs*, subject to right of appeal or review as provided by law.

3. I agree that neither the *jurisdictions* or *SROs* nor any person acting on their behalf shall be liable to me for action taken or omitted to be taken in official capacity or in the scope of employment, except as otherwise provided in the statutes, constitutions, certificates of incorporation, by-laws or the rules and regulations of the *jurisdictions* and *SROs*.
4. I authorize the *jurisdictions*, *SROs*, and the *designated entity* to give any information they may have concerning me to any employer or prospective employer, any federal, state or municipal agency, or any other *SRO* and I release the *jurisdictions*, *SROs*, and the *designated entity*, and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
5. I agree to arbitrate any dispute, claim or controversy that may arise between me and my *firm*, or a customer, or any other person, that is required to be arbitrated under the rules, constitutions, or by-laws of the *SROs* indicated in Section 4 (SRO REGISTRATION) as may be amended from time to time and that any arbitration award rendered against me may be entered as a judgment in any court of competent *jurisdiction*.
6. For the purpose of complying with the laws relating to the offer or sale of securities or commodities or investment advisory activities, I irrevocably appoint the administrator of each *jurisdiction* indicated in Section 5 (JURISDICTION REGISTRATION) as may be amended from time to time, or such other person designated by law, and the successors in such office, my attorney upon whom may be served any notice, process, pleading, subpoena or other document in any action or *proceeding* against me arising out of or in connection with the offer or sale of securities or commodities, or investment advisory activities or out of the violation or alleged violation of the laws of such *jurisdictions*. I consent that any such action or *proceeding* against me may be commenced in any court of competent *jurisdiction* and proper venue by service of process upon the appointee as if I were a resident of, and had been lawfully served with process in the *jurisdiction*. I request that a copy of any notice, process, pleading, subpoena or other document served hereunder be mailed to my current residential address as reflected in this form or any amendment thereto.
7. I consent that the service of any process, pleading, subpoena, or other document in any *investigation* or administrative *proceeding* conducted by the SEC, CFTC or a *jurisdiction* or in any civil action in which the SEC, CFTC or a *jurisdiction* are plaintiffs, or the notice of any *investigation* or *proceeding* by any *SRO* against the *applicant*, may be made by personal service or by regular, registered or certified mail or confirmed telegram to me at my most recent business or home address as reflected in this Form U4, or any amendment thereto, by leaving such documents or notice at such address, or by any other legally permissible means.

I further stipulate and agree that any civil action or administrative *proceeding* instituted by the SEC, CFTC or a *jurisdiction* may be commenced by the service of process as described herein, and that service of an administrative subpoena shall be effected by such service, and that service as aforesaid shall be taken and held in all courts and administrative tribunals to be valid and binding as if personal service thereof had been made.

8. I authorize all my employers and any other person to furnish to any *jurisdiction*, *SRO*, *designated entity*, employer, prospective employer, or any agent acting on its behalf, any information they have, including without limitation my creditworthiness, character, ability, business activities, educational background, general reputation, history of my employment and, in the case of former employers, complete reasons for my termination. Moreover, I release each employer, former employer and each other person from any and all liability, of whatever nature, by reason of furnishing any of the above information, including that information reported on the Uniform Termination Notice for Securities Industry Registration (Form U5). I recognize that I may be the subject of an investigative consumer report and waive any requirement of notification with respect to any investigative consumer report ordered by any *jurisdiction*, *SRO*, *designated entity*, employer, or prospective employer. I understand that I have the right to request complete and accurate disclosure by the *jurisdiction*, *SRO*, *designated*

*entity*, employer or prospective employer of the nature and scope of the requested investigative consumer report.

9. I understand and certify that the representations in this form apply to all employers with whom I seek registration as indicated in Section 1 (GENERAL INFORMATION) or Section 6 (REGISTRATION REQUESTS WITH AFFILIATED FIRMS) of this form. I agree to update this form by causing an amendment to be filed on a timely basis whenever changes occur to answers previously reported. Further, I represent that, to the extent any information previously submitted is not amended, the information provided in this form is currently accurate and complete.
10. I authorize any employer or prospective employer to file electronically on my behalf any information required in this form or any amendment thereto; I certify that I have reviewed and approved the information to be submitted to any *jurisdiction* or *SRO* on this Form U4 Application; I agree that I will review and approve all disclosure information that will be filed electronically on my behalf; I further agree to waive any objection to the admissibility of the electronically filed records in any criminal, civil, or administrative *proceeding*.

*Applicant* or *applicant's* agent has typed *applicant's* name under this section to attest to the completeness and accuracy of this record. The *applicant* recognizes that this typed name constitutes, in every way, use or aspect, his or her legally binding signature.

**Date (MM/DD/YYYY)**  
02/03/2009

**Signature of *Applicant***  
AJRAN ROGHANCHI

**Signature** \_\_\_\_\_

#### 15B. FIRM/APPROPRIATE SIGNATORY REPRESENTATIONS

To the best of my knowledge and belief, the *applicant* is currently bonded where required, and, at the time of approval, will be familiar with the statutes, constitution(s), rules and by-laws of the agency, *jurisdiction* or *SRO* with which this application is being filed, and the rules governing registered persons, and will be fully qualified for the position for which application is being made herein. I agree that, notwithstanding the approval of such agency, *jurisdiction* or *SRO* which hereby is requested, I will not employ the *applicant* in the capacity stated herein without first receiving the approval of any authority that may be required by law.

This *firm* has communicated with all of the *applicant's* previous employers for the past three years and has documentation on file with the names of the persons contacted and the date of contact. In addition, I have taken appropriate steps to verify the accuracy and completeness of the information contained in and with this application.

I have provided the *applicant* an opportunity to review the information contained herein and the *applicant* has approved this information and signed the Form U4.

**Date (MM/DD/YYYY)**  
02/03/2009

**Signature of *Appropriate Signatory***  
RICHARD SEELAUS

**Signature** \_\_\_\_\_

Rev. Form U4 (10/2005)

#### CRIMINAL DRP

No Information Filed

Rev. Form U4 (10/2005)

#### REGULATORY ACTION DRP

No Information Filed

Rev. Form U4 (10/2005)

#### CIVIL JUDICIAL DRP

No Information Filed

Rev. Form U4 (10/2005)

**CUSTOMER COMPLAINT/ARBITRATION/CIVIL LITIGATION DRP**

No Information Filed

Rev. Form U4 (10/2005)

**TERMINATION DRP**

No Information Filed

Rev. Form U4 (10/2005)

**INVESTIGATION DRP**

No Information Filed

Rev. Form U4 (10/2005)

**BANKRUPTCY/SIPC/COMPROMISE WITH CREDITORS DRP**

No Information Filed

Rev. Form U4 (10/2005)

**BOND DRP**

No Information Filed

Rev. Form U4 (10/2005)

**JUDGMENT LIEN DRP**

No Information Filed

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