

WALL STREET CONSULTING SERVICES, LLC

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INVESTMENT ADVISOR SHELL PROFILE

FIRM NAME: _____ CRD # _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PRINCIAPAL OWNER: _____ NUMBER OF OWNERS/SHAREHOLDERS: _____

STATE OF INCORPORATON: _____ YEAR INCORPORATED: _____ YEAR MEMBERSHIP APPROVED: _____

SEC OR STATE REGISTERED IA: _____ NUMBER OF STATE REGISTRATIONS: _____

PRIMARY STATE OF BUSINESS: _____ CLEARING FIRM: _____

NUMBER OF OFFICES: _____ NUMBER OF INDEPENDENT OFFICES: _____

NUMBER OF REGISTERED PRODUCERS: _____ NUMBER OF COMPLIANCE STAFF: _____

NUMBER OF OPERATIONAL PERSONAL: _____ ANY OUTSOURCED FUNCTIONS: _____

APPROVED TO MANAGE DISCRETIONARY ACCOUNT? _____ DO YOU HAVE A SURETY BOND? _____

WHO IS THE BOND CARRIER? _____ HOW MUCH IS THE POLICY FOR? _____

ANY PENDING CUSTOMER COMPLAINTS? _____ ANY REGULATORY SANCTIONS OVER LAST 24 MONTHS? _____

FIRM WEBSITE: _____

SELLER CONTACT INFORMATION

NAME: _____ TITLE: _____

PHONE: _____ CELL: _____

FAX: _____ EMAIL: _____

ALTERNATE CONTACT INFORMATION: _____

Upon completion, please fax back to Wall Street Consulting Services, LLC at 561-753-7717. **PLEASE REMEMBER TO INCLUDE A COPY OF YOUR FORM ADV Part I and II**