

# FORM ADV UNIFORM APPLICATION FOR INVESTMENT ADVISER REGISTRATION

LEADTEC INVESTMENTS, INC.(CRD# 35371)

**WARNING:** Complete this form truthfully. False statements or omissions may result in denial of your application, revocation of your registration, or criminal prosecution. You must keep this form updated by filing periodic amendments. See Form ADV General Instruction 4.

## Item 1 Identifying Information

Responses to this Item tell us who you are, where you are doing business, and how we can contact you. If you are filing an *umbrella registration*, the information in Item 1 should be provided for the *filing adviser* only. General Instruction 5 provides information to assist you with filing an *umbrella registration*.

A. Your full legal name (if you are a sole proprietor, your last, first, and middle names):

**LEADTEC INVESTMENTS, INC.**

B. (1) Name under which you primarily conduct your advisory business, if different from Item 1.A.

**LEADTEC INVESTMENTS, INC.**

List on Section 1.B. of Schedule D any additional names under which you conduct your advisory business.

(2) If you are using this Form ADV to register more than one investment adviser under an *umbrella registration*, check this box

If you check this box, complete a Schedule R for each *relying adviser*.

C. If this filing is reporting a change in your legal name (Item 1.A.) or primary business name (Item 1.B.(1)), enter the new name and specify whether the name change is of

your legal name or  your primary business name:

D. (1) If you are registered with the SEC as an investment adviser, your SEC file number: **801-67242**

(2) If you report to the SEC as an *exempt reporting adviser*, your SEC file number:

(3) If you have one or more Central Index Key numbers assigned by the SEC ("CIK Numbers"), all of your CIK numbers:

No Information Filed

E. (1) If you have a number ("CRD Number") assigned by the *FINRA's CRD* system or by the *IARD* system, your *CRD* number: **35371**

If your firm does not have a *CRD* number, skip this Item 1.E. Do not provide the *CRD* number of one of your officers, *employees*, or affiliates.

(2) If you have additional *CRD* Numbers, your additional *CRD* numbers:

No Information Filed

F. *Principal Oifice and Place of Business*

## (1) Address (do not use a P.O. Box):

Number and Street 1:

538 PRESTON AVENUE

Number and Street 2:

City:

MERIDEN

State:

Connecticut

Country:

United States

ZIP+4/Postal Code:

06450-4858

If this address is a private residence, check this box: 

List on Section 1.F. of Schedule D any ouice, other than your *principal ouice and place of business*, at which you conduct investment advisory business. If you are applying for registration, or are registered, with one or more state securities authorities, you must list all of your ouices in the state or states to which you are applying for registration or with whom you are registered. If you are applying for SEC registration, if you are registered only with the SEC, or if you are reporting to the SEC as an *exempt reporting adviser*, list the largest twenty-five ouices in terms of numbers of *employees* as of the end of your most recently completed fiscal year.

(2) Days of week that you normally conduct business at your *principal ouice and place of business*: Monday - Friday Other: 

Normal business hours at this location:

8:30 A.M. TO 5:00 P.M.

## (3) Telephone number at this location:

203-599-6000

## (4) Facsimile number at this location, if any:

203-599-6001

(5) What is the total number of ouices, other than your *principal ouice and place of business*, at which you conduct investment advisory business as of the end of your most recently completed fiscal year?

527

G. Mailing address, if diuerent from your *principal ouice and place of business* address:

Number and Street 1:

Number and Street 2:

City:

State:

Country:

ZIP+4/Postal Code:

If this address is a private residence, check this box: H. If you are a sole proprietor, state your full residence address, if diuerent from your *principal ouice and place of business* address in Item 1.F.:

Number and Street 1:

Number and Street 2:

City:

State:

Country:

ZIP+4/Postal Code:

Yes No

## I. Do you have one or more websites or accounts on publicly available social media platforms (including, but not limited to, Twitter, Facebook and LinkedIn)?

