

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F00000002251

1. Entity Name

TEACHERS PERSONAL INVESTORS SERVICES, INC.

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90333 044 \*\*\*150.00

Principal Place of Business

ATTN: MARK L. SERLEN, ESQ.  
730 THIRD AVENUE  
NEW YORK NY 10017

Mailing Address

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730 THIRD AVENUE  
NEW YORK NY 10017

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number 13-3752992

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PTR	<input checked="" type="checkbox"/> Delete
NAME	MCCORMACK, JOHN J	
STREET ADDRESS	730 THIRD AVENUE	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	V	<input type="checkbox"/> Delete
NAME	VELLEKAMP, ROGER	
STREET ADDRESS	730 THIRD AVENUE	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	S	<input type="checkbox"/> Delete
NAME	SNOW, LISA	
STREET ADDRESS	730 THIRD AVENUE	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	T	<input type="checkbox"/> Delete
NAME	ADAMSKI, RICHARD J	
STREET ADDRESS	730 THIRD AVENUE	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	TR	<input type="checkbox"/> Delete
NAME	BIGGS, JOHN H	
STREET ADDRESS	730 THIRD AVENUE	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	TR	<input type="checkbox"/> Delete
NAME	STAMM, CHARLES H	
STREET ADDRESS	730 THIRD AVENUE	
CITY-ST-ZIP	NEW YORK NY 10017	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALT, MARTIN E	
STREET ADDRESS	730 Third Avenue	
CITY-ST-ZIP	New York, NY 10017	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark L. Serlen

4-12-01

Date

212-916-4256

Daytime Phone #

CR2E034 (10/00)