

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90102 007 \*\*\*150.00

**DOCUMENT # F00000002251**

1. Entity Name  
**TEACHERS PERSONAL INVESTORS SERVICES, INC.**

Principal Place of Business  
**ATTN: MARK L. SERLEN. ESQ.**  
**730 THIRD AVENUE**  
**NEW YORK NY 10017**

Mailing Address  
**ATTN: MARK L. SERLEN. ESQ.**  
**730 THIRD AVENUE**  
**NEW YORK NY 10017**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-3752992**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                           |                                 |
|----------------|---------------------------|---------------------------------|
| TITLE          | <b>PT</b>                 | <input type="checkbox"/> Delete |
| NAME           | <b>GALT, MARTIN E</b>     |                                 |
| STREET ADDRESS | <b>730 THIRD AVENUE</b>   |                                 |
| CITY-ST-ZIP    | <b>NEW YORK NY 10017</b>  |                                 |
| TITLE          | <b>V</b>                  | <input type="checkbox"/> Delete |
| NAME           | <b>VELLEKAMP, ROGER</b>   |                                 |
| STREET ADDRESS | <b>730 THIRD AVENUE</b>   |                                 |
| CITY-ST-ZIP    | <b>NEW YORK NY 10017</b>  |                                 |
| TITLE          | <b>S</b>                  | <input type="checkbox"/> Delete |
| NAME           | <b>SNOW, USA</b>          |                                 |
| STREET ADDRESS | <b>730 THIRD AVENUE</b>   |                                 |
| CITY-ST-ZIP    | <b>NEW YORK NY 10017</b>  |                                 |
| TITLE          | <b>T</b>                  | <input type="checkbox"/> Delete |
| NAME           | <b>ADAMSKI, RICHARD J</b> |                                 |
| STREET ADDRESS | <b>730 THIRD AVENUE</b>   |                                 |
| CITY-ST-ZIP    | <b>NEW YORK NY 10017</b>  |                                 |
| TITLE          | <b>TR</b>                 | <input type="checkbox"/> Delete |
| NAME           | <b>BIGGS, JOHN H</b>      |                                 |
| STREET ADDRESS | <b>730 THIRD AVENUE</b>   |                                 |
| CITY-ST-ZIP    | <b>NEW YORK NY 10017</b>  |                                 |
| TITLE          | <b>TR</b>                 | <input type="checkbox"/> Delete |
| NAME           | <b>STAMM, CHARLES H</b>   |                                 |
| STREET ADDRESS | <b>730 THIRD AVENUE</b>   |                                 |
| CITY-ST-ZIP    | <b>NEW YORK NY 10017</b>  |                                 |

|                |                           |  |
|----------------|---------------------------|--|
| TITLE          | <b>AS</b>                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>MARK L. SERLEN</b>     |  |
| STREET ADDRESS | <b>730 Third Avenue</b>   |  |
| CITY-ST-ZIP    | <b>New York, NY 10017</b> |  |
| 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 REQUIRED**  
 Mark L. Serlen  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02 (212) 916-6237

Date Daytime Phone #

CR2E034 (9/01)