

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000006122

FILED
Apr 10, 2008
Secretary of State

Entity Name: DWS SCUDDER DISTRIBUTORS, INC.

Current Principal Place of Business:

222 SOUTH RIVERSIDE PLAZA
CHICAGO, IL 60606 US

New Principal Place of Business:

Current Mailing Address:

C/O ANJIE LAROCCA
345 PARK AVE
NEW YORK, NY 10154 US

New Mailing Address:

C/O ANJIE LAROCCA
280 PARK AVE
NEW YORK, NY 10017 US

FEI Number: 36-3976708

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HENSLER, PHILIPP
Address: 345 PARK AVENUE
City-St-Zip: NEW YORK, NY 10154 US

Title: T () Delete
Name: GOLDSTEIN, CLIFF
Address: 60 WALL STREET
City-St-Zip: NEW YORK, NY 10154 US

Title: S () Delete
Name: PEARSON, CAROLINE
Address: TWO INTERNATIONAL PLACE
City-St-Zip: BOSTON, MA 02110 US

Title: D () Delete
Name: COLON, MICHAEL
Address: 345 PARK AVE
City-St-Zip: NEW YORK, NY 10154 US

Title: S () Delete
Name: LAROCCA, ANJIE
Address: 345 PARK AVENUE
City-St-Zip: NEW YORK, NY 10154 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANJIE LAROCCA

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04/10/2008

Electronic Signature of Signing Officer or Director

_____ Date