2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000006122

Entity Name: DWS INVESTMENTS DISTRIBUTORS, INC.

FILED Apr 21, 2009 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:		
222 SOUT CHICAGO	H RIVERSIDE I , IL 60606 U				
Current Mailing Address:			New Mailing Address:		
280 PARK	ELAROCCA AVE RK, NY 10017	US			
FEI Number	: 36-3976708	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
1200 SOU	PORATION SYS TH PINE ISLAN ION, FL 33324				
The above in the State	named entity s e of Florida.	ubmits this statement for the p	ourpose of changing i	ts registered	d office or registered agent, or both,
SIGNATUR	RE:				
	Electroni	c Signature of Registered Age	ent		Date
Election Car	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	HENSLER, PHIL 345 PARK AVEN	IUE	Title: Name: Address: City-St-Zip:		(X) Change () Addition VENUE NEW YORK NY 10154 US , NY 10154 US
Title: Name: Address: City-St-Zip:	T () GOLDSTEIN, CL 60 WALL STREE NEW YORK, NY	ET	Title: Name: Address: City-St-Zip:		(X) Change () Addition FREET NEW YORK NY 10154 US , NY 10005 US
Title: Name: Address: City-St-Zip:	PEARSON, CAR TWO INTERNAT	IONAL PLACE	Title: Name: Address: City-St-Zip:	S (X) Change () Addition CAROLINE ONE BEACON STREET BOSTON, MA 02108 US	
Title: Name: Address: City-St-Zip:	D () COLON, MICHAE 345 PARK AVE NEW YORK, NY		Title: Name: Address: City-St-Zip:		(X) Change ()Addition NE NEW YORK NY 10154 US , NY 10154 US
Title: Name: Address: City-St-Zip:	S () LAROCCA, ANJI 345 PARK AVEN NEW YORK, NY	IUE	Title: Name: Address: City-St-Zip:		(X) Change ()Addition WENUE NEW YORK NY 10154 US , NY 10154 US

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 S 04/21/2009