

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Jul 14, 2009
Secretary of State**

DOCUMENT# F02000006122

Entity Name: DWS INVESTMENTS 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
280 PARK AVE
NEW YORK, NY 10017 US

New Mailing Address:

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

OFFICERS AND DIRECTORS:

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

Title: T () Delete
Name: CLIFF
Address: 60 WALL STREET NEW YORK NY 10154 US
City-St-Zip: NEW YORK, NY 10005 US

Title: S () Delete
Name: CAROLINE
Address: ONE BEACON STREET
City-St-Zip: BOSTON, MA 02108 US

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: GOLDSTEIN, CLIFF
Address: 60 WALL STREET NEW YORK NY 10154 US
City-St-Zip: NEW YORK, NY 10005 US

Title: S (X) Change () Addition
Name: PEARSON, CAROLINE
Address: ONE BEACON STREET
City-St-Zip: BOSTON, MA 02108 US

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

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

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07/14/2009

Electronic Signature of Signing Officer or Director

Date