


05-05-2003 91794 047 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F95000004808			
1. Entity Name SALOMON REINVESTMENT COMPANY INC.			
Principal Place of Business 388 GREENWICH STREET NEW YORK, NY 10013 US		Mailing Address 333 W 34TH ST TAX DEPT 4TH FL NEW YORK, NY 10001 US	
2. Principal Place of Business		3. Mailing Address <i>388 Greenwich St.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Tax Dept - 2nd fl</i>	
City & State		City & State <i>New York, NY 10013</i>	
Zip	Country	Zip	Country
		<i>10013</i>	
4. FEI Number		Applied For	
13-3845724		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>(Signature, typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent's signature required when registering)</small>			
FILE NOW! FEE IS \$150.00 After May 1, 2003 fee will be \$50.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, WILLIAM	NAME	
STREET ADDRESS	388 GREENWICH STREET	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10013	CITY-ST-ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOROWITZ, GEDALE B	NAME	
STREET ADDRESS	388 GREENWICH ST	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10013	CITY-ST-ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEINMAN, MARK	NAME	
STREET ADDRESS	388 GREENWICH STREET	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10013	CITY-ST-ZIP	
TITLE	EVP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABIRO, MARC	NAME	
STREET ADDRESS	390 GREENWICH STREET	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10013	CITY-ST-ZIP	
TITLE	T	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANZEL, KEITH	NAME	
STREET ADDRESS	333 W 34TH ST	STREET ADDRESS	<i>388 Greenwich St. 2nd fl</i>
CITY-ST-ZIP	NEW YORK, NY 10001	CITY-ST-ZIP	<i>NEW YORK, NY 10013</i>
TITLE	S	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALTER, ANDREW W	NAME	
STREET ADDRESS	260 WEST ST	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10013	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Keith Anzel</i>		Name: <i>Keith Anzel</i> Date: <i>4/29/03</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

CR2E034 (10/02)