


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 18 1998 8:00am
Secretary of State

• PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 819220 (5) 1. Corporation Name KIDDER, PEABODY & CO., INCORPORATED			
Principal Place of Business C/O GE CAPITAL CORP. 777 LONG RIDGE ROAD STAMFORD CT 06927 US		Mailing Address DEPT. 8109 260 LONG RIDGE RD. STAMFORD CT 06927-9621 US	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
22 City & State	27 City & State		
23 Zip	28 Zip	29 Country	30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	NAME	[] DELETE	
NAME	STREET ADDRESS		
CITY-ST-ZIP			
TITLE	NAME	[] DELETE	
NAME	STREET ADDRESS		
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TITLE	NAME	[] DELETE	
NAME	STREET ADDRESS		
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	NAME	[] Change [X] Addition	
1.2 NAME	STREET ADDRESS		
1.3 STREET ADDRESS	CITY-ST-ZIP		
1.4 CITY-ST-ZIP			
2.1 TITLE	NAME	[] Change [] Addition	
2.2 NAME	STREET ADDRESS		
2.3 STREET ADDRESS	CITY-ST-ZIP		
2.4 CITY-ST-ZIP			
3.1 TITLE	NAME	[] Change [] Addition	
3.2 NAME	STREET ADDRESS		
3.3 STREET ADDRESS	CITY-ST-ZIP		
3.4 CITY-ST-ZIP			
4.1 TITLE	NAME	[] Change [] Addition	
4.2 NAME	STREET ADDRESS		
4.3 STREET ADDRESS	CITY-ST-ZIP		
4.4 CITY-ST-ZIP			
5.1 TITLE	NAME	[] Change [] Addition	
5.2 NAME	STREET ADDRESS		
5.3 STREET ADDRESS	CITY-ST-ZIP		
5.4 CITY-ST-ZIP			
6.1 TITLE	NAME	[] Change [] Addition	
6.2 NAME	STREET ADDRESS		
6.3 STREET ADDRESS	CITY-ST-ZIP		
6.4 CITY-ST-ZIP			



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/16/1965	
4. FEI Number 13-5650440	Applied For [] Not Applicable
5. Certificate of Status Desired [] \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution [] \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [] Yes [X] No	

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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)