

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90324 038 ***150.00

DOCUMENT # 819220

1. Entity Name

KIDDER, PEABODY & CO., INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1000 Harbor Blvd.

3. Mailing Address
1000 Harbor Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Weehawken, NJ

City & State
Weehawken, NJ

4. FEI Number
13-5650440

Applied For
Not Applicable

Zip
07086

Country

Zip
07086

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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7. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

City Tallahassee **FL** **Zip Code** 32301

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME President and Director
STREET ADDRESS Hannah Berkowitz
CITY- ST- ZIP 1000 Harbor Blvd.
Weehawken, NJ 07086

TITLE
NAME Vice-President
STREET ADDRESS Jerome T. Fadden
CITY- ST- ZIP 1000 Harbor Blvd.
Weehawken, NJ 07086

TITLE
NAME Assistant Treasurer
STREET ADDRESS Kenneth Levine
CITY- ST- ZIP 1000 Harbor Blvd.
Weehawken, NJ 07086

TITLE
NAME Secretary
STREET ADDRESS Geraldine L. Banyai
CITY- ST- ZIP 1000 Harbor Blvd.
Weehawken, NJ 07086

TITLE
NAME Director
STREET ADDRESS Jacqueline O. LiCalzi
CITY- ST- ZIP 1000 Harbor Blvd.
Weehawken, NJ 07086

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CITY- ST- ZIP

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IN THIS SPACE**

12. 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 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 11 or on an attachment with an address with all other like empowered.

SIGNATURE:

Kenneth Levine

4/19/02

201-352-0559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)