

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # 819220

1. Entity Name
KIDDER, PEABODY & CO., INCORPORATED



Principal Place of Business
**800 HARBOR BLVD.
WEEHAWKEN, NJ 07086 US**

Mailing Address
**800 HARBOR BLVD.
TAX DEPT. 1ST. FLOOR
WEEHAWKEN, NJ 07086 US**



04162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-5650440

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMAPNY
1201 HAYS ST.
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BERKOWITZ, HANNAH
STREET ADDRESS	800 HARBOR BLVD.
CITY-ST-ZIP	WEEHAWKEN, NJ 07086
TITLE	VP
NAME	CHERSI, ROBERT J
STREET ADDRESS	800 HARBOR BLVD.
CITY-ST-ZIP	WEEHAWKEN, NJ 07086
TITLE	AT
NAME	DEVICO, LOUIS
STREET ADDRESS	800 HARBOR BLVD.
CITY-ST-ZIP	WEEHAWKEN, NJ 07086
TITLE	AS
NAME	BOROVY, RICHARD P
STREET ADDRESS	800 HARBOR BLVD.
CITY-ST-ZIP	WEEHAWKEN, NJ 07086
TITLE	D
NAME	FAINSBERT, AMY
STREET ADDRESS	800 HARBOR BLVD.
CITY-ST-ZIP	WEEHAWKEN, NJ 07086
TITLE	D
NAME	FREY, WILLIAM
STREET ADDRESS	800 HARBOR BLVD.
CITY-ST-ZIP	WEEHAWKEN, NJ 07086

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05/17/07-80072-009 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: **Louis DeVico** 4/20/07 (201) 352-0559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #