

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90115 019 ***150.00

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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

400000



04142008 No Chg-P CR2E034 (11/05)

4. FEI Number
13-5650440

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 BOROVVOY, 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

**DO NOT WRITE
IN THIS SPACE**

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/08
Date

(201) 352-0559
Daytime Phone #