

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

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90425 037 \*\*\*150.00

**DOCUMENT #** 819220

**1. Entity Name**

KIDDER PEABODY & CO., INC.



**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

800 HARBOR BLVD.

Suite, Apt. #, etc.

**3. Mailing Address**

800 HARBOR BLVD.

Suite, Apt. #, etc.

TAX DEPT. -1ST FLOOR

DO NOT WRITE IN THIS SPACE

**City & State**

WEEHAWKEN, NJ

**City & State**

WEEHAWKEN, NJ

**4. FEI Number**

13-5650440

**Applied For**

Not Applicable

**Zip**

**Country**

07086

**Zip**

**Country**

07086

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

**Name**

CORPORATION SERVICE CO.

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

1201 HAYS STREET

**City**

TALLAHASSEE

**FL**

**Zip Code**  
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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing  
Trust Fund Contribution.** ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
PRESIDENT & DIRECTOR  
HANNAH BERKOWITZ  
800 HARBOR BLVD, WEEHAWKEN, NJ 07086

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
VICE-PRESIDENT  
JACQUELINE O. LICALZI  
800 HARBOR BLVD, WEEHAWKEN, NJ 07086

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
ASSISTANT TREASURER  
LOUIS DEVICO  
800 HARBOR BLVD, WEEHAWKEN, NJ 07086

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
SECRETARY  
GERALDINE L. BANYAI  
1285 AVE. OF THE AMER., NY, NY 10019

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
DIRECTOR  
JACQUELINE O. LICALZI  
800 HARBOR BLVD, WEEHAWKEN, NJ 07086

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
TREASURER  
ROBERT J. CHERSI  
800 HARBOR BLVD, WEEHAWKEN, NJ 07086

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**DO NOT WRITE  
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 10 or on an attachment with an address, with all other fee empowered.**

**SIGNATURE:**

*[Signature]*

LOUIS DEVICO

04/22/03

201-352-0559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/State Phone #

CR2E034B (12/02)

*attachment*  
UBS PAINEWEBBER INC. *70054414*  
*#81922014*

\* 800 Harbor Boulevard \* Tax Dept-1st Floor \* Weehawken, NJ 07086 \*

CERTIFIED MAIL #: \_\_\_\_\_

04/21/2003

DEPT OF STATE  
DIV OF CORPS/ANN. RPT FILINGS  
P.O. BOX 1500  
TALLAHASSEE , FL 32302-1500

Re: Kidder Peabody & Co. Inc.  
FEIN: 13-5650440

Gentlemen:

On behalf of the above captioned company, we are enclosing the following return:

ANNUAL REPORT - RETURN

Enclosed also is a check in the amount of \$ 150.00 in  
payment of the indicated liability.

Should you have any questions regarding this filing please feel free  
to contact State Tax Manager, Louis DeVico at (201) 352-0559.

Very truly yours,

*Nancy Finelli*

Nancy Finelli