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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90238 029 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

821737 (4)

DEAN WITTER REYNOLDS INC.

Principal Place of Business

Mailing Address

C/o Morgan Stanley Dean Witter & Co.
1585 Broadway
New York, NY 10036

c/o Morgan Stanley Dean Witter & Co.
1221 Ave. of the Americas, 23/F
New York, NY 10020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

8/14/1968

4. FEI Number

94-1671384

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CT Corporation System
1200 S. Pine Island Road
Plantation, FL 33324

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
V
Carman, Ronald T.
436 N. Village Avenue
Rockville Centre, NY 11570

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
V/D/CFO
Schneider, Thomas C.
64 Howard Road
Greenwich, CT 06830

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
V/D
Miller, Stephen R.
29 Atherton Ave.
Atherton, CA 94027

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
V/S/D
Edwards, Christine A.
195 Poplar Road
Lake Forest, IL 60045

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
C/D
Purcell, Philip J.
1036 Seneca Road
Wilmette, IL 60091

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
P/D
Demartini, Richard
42 Masterton Road
Bronxville, NY 10708

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Ronald T. Carman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-99

212-762-6904

CR2E034 (11/98)