

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 821737

1. Entity Name

DEAN WITTER REYNOLDS INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90010 010 ***150.00

Principal Place of Business	Mailing Address
C/O MORGAN STANLEY DEAN WITTER & CO 1585 BROADWAY NEW YORK NY 10036 US	C/O MORGAN STANLEY DEAN WITTER & CO 1585 BROADWAY NEW YORK NY 10036-8200 US

740491



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	c/o Morgan Stanley Tax Dept. 1221 6th Avenue - 23 Floor City & State New York, NY
City & State	City & State

4. FEI Number	Applied For
94-1671384	Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired	Additional Fee Required
10020	USA	10020	USA	<input type="checkbox"/>	\$8.75

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL	Zip Code

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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	V <input type="checkbox"/> Delete	TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARMAN, RONALD T	NAME	Harvey B. Mogenson
STREET ADDRESS	436 N VILLAGE AVENUE	STREET ADDRESS	141 Leroy Avenue
CITY-ST-ZIP	ROCKVILLE CENTRE NY 11570	CITY-ST-ZIP	Darien, CT 06820
TITLE	VDCF <input checked="" type="checkbox"/> Delete	TITLE	VCFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS C SCHNEIDER	NAME	Charles F. Vadala, Jr.
STREET ADDRESS	64 HOWARD RD	STREET ADDRESS	325 President Street
CITY-ST-ZIP	GREENWICH CT 06830	CITY-ST-ZIP	Brooklyn, NY 11231
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, STEPHEN R.	NAME	
STREET ADDRESS	29 ATHERTON AVE.	STREET ADDRESS	
CITY-ST-ZIP	ATHERTON CA 94027	CITY-ST-ZIP	
TITLE	VSD <input checked="" type="checkbox"/> Delete	TITLE	VS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, CHRISTINE, A	NAME	Ronald T. Carman
STREET ADDRESS	195 POPLAR RD	STREET ADDRESS	436 N. Village Avenue
CITY-ST-ZIP	LAKE FOREST IL 60045	CITY-ST-ZIP	Rockville Centre, NY 11570
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PURCELL, PHILIP J	NAME	
STREET ADDRESS	1036 SENECA RD.	STREET ADDRESS	
CITY-ST-ZIP	WILMETTE IL 60091	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMARTINI, RICHARD	NAME	
STREET ADDRESS	42 MASTERTON ROAD	STREET ADDRESS	
CITY-ST-ZIP	BRONXVILLE NY 10708	CITY-ST-ZIP	

13. 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Harvey B. Mogenson, Vice President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2000 (212) 762-7434
Date Daytime Phone #

CR2E034 (9/99)