

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90133 001 \*\*\*150.00

DOCUMENT #821737

1. Entity Name

~~Dean Witter Reynolds, Inc.~~ *n/c 04/24/2001*  
*Morgan Stanley DW Inc* *(TLC)*

Principal Place of Business

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

Mailing Address

c/o Morgan Stanley Tax Dep  
 1221 Avenue of the Americas, 23 FL.  
 New York, NY 10020

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

94-1671384

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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

(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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
 NAME **V**  
 STREET ADDRESS **Mogenson, Harvey B.**  
 CITY-ST-ZIP **141 Leroy Avenue**  
**Darien, CT 06820**

TITLE ☐ Delete  
 NAME **VCFO**  
 STREET ADDRESS **Vadala, Jr. Charles F.**  
 CITY-ST-ZIP **325 President Street**  
**Brooklyn, NY 11231**

TITLE ☐ Delete  
 NAME **CD**  
 STREET ADDRESS **Purcell, Phillip**  
 CITY-ST-ZIP **1036 Seneca Road**  
**Wilinett, IL**

TITLE ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **Schaefer, John**  
 CITY-ST-ZIP **20 Beekman Place, Apt.#10B**  
**New York, NY 10022**

TITLE ☐ Delete  
 NAME **T**  
 STREET ADDRESS **Frank, Alexander C.**  
 CITY-ST-ZIP **500 E. 83rd Street, Apt#4B**  
**New York, NY 10028**

TITLE ☐ Delete  
 NAME **AS**  
 STREET ADDRESS **Hurley, Sabrina**  
 CITY-ST-ZIP **710 Warwick Street**  
**Brooklyn, NY 11207**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

Date

(212) 762-6941

Daytime Phone #

CR2E034 (11/00)