

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90168 050 ***150.00

DOCUMENT # 821737

Entity Name
MORGAN STANLEY DW INC.

Principal Place of Business Mailing Address
C/O MORGAN STANLEY DEAN WITTER & CO **C/O MORGAN STANLEY TAX DEPT.**
585 BROADWAY **1221 6 AVENUE- 23 FLOOR**
NEW YORK NY 10036 **NEW YORK NY 10020**
US **US**

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

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 _____

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, 2002 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

NAME STREET ADDRESS CITY-STATE-ZIP	VP MOGENSEN, HARVEY B 141 LEROY AVENUE DARIEN CT 06820	<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-STATE-ZIP	VCFO VADALA, CHARLES F JR. 325 PRESIDENT STREET BROOKLYN NY 11231	<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-STATE-ZIP	VD MILLER, STEPHEN R. 29 ATHERTON AVE. ATHERTON CA 94027	<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-STATE-ZIP	VS CARMAN, RONALD T 436 NORTH VILLAGE AVENUE ROCKVILLE CENTRE NY 11570	<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-STATE-ZIP	CD PURCELL, PHILIP J 1036 SENECA RD. WILMETTE IL 60091	<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-STATE-ZIP	PD DEMARTINI, RICHARD 42 MASTERTON ROAD BRONXVILLE NY 10708	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Mogenson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/02 (212) 762-6900
 Date Daytime Phone #

CR2E034 (9/01)