

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 821737**

1. Entity Name

MORGAN STANLEY DW INC.



Principal Place of Business

C/O MORGAN STANLEY DEAN WITTER & CO  
1585 BROADWAY  
NEW YORK NY 10036  
US

Mailing Address

C/O MORGAN STANLEY TAX DEPT.  
750 SEVENTH AVE.  
NEW YORK NY 10019  
US

2. Principal Place of Business

C/O Morgan Stanley

Suite, Apt. #, etc.

1585 Broadway

City & State

New York, NY

Zip

10036

Country

USA

3. Mailing Address

c/o Morgan Stanley

Suite, Apt. #, etc.

1221 Ave. of Americas

City & State

New York, NY

Zip

10020

Country

USA



MOORE

CR2E034 (11/03)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when restate)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004. Fee will be \$550.00**

**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 P  
NAME SCHAEFER, JOHN H  
STREET ADDRESS 1585 BROADWAY  
CITY - ST - ZIP NEW YORK NY 10036 ☐ Delete

TITLE VCFO  
NAME VADALA, CHARLES F JR.  
STREET ADDRESS 325 PRESIDENT STREET  
CITY - ST - ZIP BROOKLYN NY 11231 ☐ Delete

TITLE VP  
NAME MOGENSON, HARVEY B  
STREET ADDRESS 141 LEROY AVE.  
CITY - ST - ZIP DARIEN CT 06820 ☐ Delete

TITLE VS  
NAME CARMAN, RONALD T  
STREET ADDRESS 436 NORTH VILLAGE AVENUE  
CITY - ST - ZIP ROCKVILLE CENTRE NY 11570 ☐ Delete

TITLE C  
NAME PURCELL, PHILIP J  
STREET ADDRESS 1036 SENECA RD.  
CITY - ST - ZIP WILMETTE IL 60091 ☐ Delete

TITLE VP  
NAME SANDBERG, BRUCE  
STREET ADDRESS 115 MARGARETTA COURT  
CITY - ST - ZIP STATEN ISLAND NY 10314 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition  
**SEE ATTACHED LIST**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition  
**U00000033127**  
**02/05/04-80029-021 150.00**

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

TITLE  
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CITY - ST - ZIP ☐ Change ☐ Addition

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Joyce L. Kramer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/04

Date

212-762-6682

Daytime Phone #