

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91522 029 ***150.00

DOCUMENT # 821737
1. Entity Name MORGAN STANLEY DW INC.

DO NOT WRITE IN THIS SPACE

16030322

2. Principal Place of Business C/O MORGAN STANLEY DW INC. Suite, Apt. #, etc. 1585 BROADWAY City & State NEW YORK, N.Y. Zip 10036	3. Mailing Address C/O MORGAN STANLEY TAX DEPT Suite, Apt. #, etc. 750 SEVENTH AVE City & State NEW YORK, N.Y. Zip 10019
---	--

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

4. FEI Number 94-1671384	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	---

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

7. Name and Address of Current Registered Agent	
Name CT CORPORATION SYSTEM	
Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD	
City PLANTATION	Zip Code FL 33324

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 reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C PURCELL, PHILIP J 1036 SENECA RD WILMETTE IL 60091	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SCHAEFER, JOHN H 1585 BROADWAY NEW YORK NY 10036	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCFO VADALA, CHARLES F JR 325 PRESIDENT STREET BROOKLYN NY 11231	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS CARMAN, RONALD T 436 NORTH VILLAGE AVENUE ROCKVILLE CENTER NY 11570	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MOGENSEN, HARVEY B 141 LEROY AVENUE DARIEN CT 06820	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SANDBERG, BRUCE 115 MARGARETTA COURT STATEN ISLAND NY 10314	TITLE NAME STREET ADDRESS CITY - ST - ZIP	

CR2E034B (12/02)

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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #