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PROFIT CORPORATION ANNUAL REPORT

**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 827423

1. Corporation Name
DREYFUS SERVICE CORPORATION

| Principal Place of Business | Mailing Address |
|---|---|
| 200 PARK AVENUE<br>7TH FLOOR<br>NEW YORK NY 10166<br>US | 200 PARK AVENUE<br>7TH FLOOR<br>NEW YORK NY 10166<br>US |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business<br>21 200 Park Avenue<br>Suite, Apt. #, etc.<br>22 7th Floor<br>City & State<br>23 New York, N.Y.<br>Zip 24 10166 Country 25 USA | 2a. Mailing Address<br>26 200 Park Avenue<br>Suite, Apt. #, etc.<br>27 7th Floor<br>City & State<br>28 New York, N.Y.<br>Zip 29 10166 Country 30 USA |

3. Date Incorporated or Qualifed: 02/01/1972

4. FEI Number: 13-2603136 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | P | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | KASH, LAWRENCE | | 1.2 NAME | | |
| STREET ADDRESS | 200 PARK AVE | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NEW YORK NY 10166 | | 1.4 CITY-ST-ZIP | | |
| TITLE | VP | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SCHACHAR, THEODORE A | | 2.2 NAME | | |
| STREET ADDRESS | 200 PARK AVENUE | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NEW YORK NY | | 2.4 CITY-ST-ZIP | | |
| TITLE | S | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | WELS, ANDREW | | 3.2 NAME | | |
| STREET ADDRESS | 200 PARK AVE | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NEW YORK NY | | 3.4 CITY-ST-ZIP | | |
| TITLE | EVP | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BURKE, STEPHEN | | 4.2 NAME | | |
| STREET ADDRESS | 200 PARK AVE | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NEW YORK NY 10166 | | 4.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SANDALLS, WILLIAM T. | | 5.2 NAME | | |
| STREET ADDRESS | 200 PARK AVE | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NEW YORK NY 10166 | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | | | 6.2 NAME | Thomas F Eggers | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | 200 Park Avenue | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | New York, N.Y. 10166 | |

CR2E034 (11/98)

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

**SIGNATURE:** Theodore A. Schachar 2/24/99 212-922-7550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #