## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 07, 2000 8:00 am Secretary of State **DOCUMENT #827423** 1. Entity Name DREYFUS SERVICE CORPORATION 02-07-2000 90001 021 \*\*\*150.00 Principal Place of Business Mailing Address 200 PARK AVENUE 200 PARK AVENUE 7TH FLOOR 7TH FLOOR 705330 NEW YORK NY 10166 NEW YORK NY 10166-0099 US 2. Principal Place of Business 3. Mailing Address 200 Park Avenue 200 Park Avenue Suite, Apt. # etc. floor Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 7th floor City & State New York, 4. FEI Number Applied For 13-2603136 New YOrk, New York New York Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired USA 10166 10166 Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS President XX Change Delete TITLE TITLE Thomas F. Eggers NAME NAME KASH, LAWRENCE STREET ADDRESS 200 Park Avenue 7th flr STREET ADDRESS 200 PARK AVE CITY-ST-ZIP CITY-ST-7IP New York, New York 10166 **NEW YORK NY 10166** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME SCHACHAR, THEODORE A NAME STREET ADDRESS STREET ADDRESS 200 PARK AVENUE CITY-ST-7IP CITY-ST-ZIP **NEW YORK NY** ☐ Addition ☐ Change ☐ Delete TITLE WELS, ANDREW NAME NAME STREET ADDRESS STREET ADDRESS 200 PARK AVE CITY-ST-ZIP CITY-ST-ZIP new York Ny Change ☐ Addition TITLE EVP ☐ Delete NAME BURKE, STEPHEN NAME STREET ADDRESS STREET ADDRESS 200 PARK AVE CITY-ST-ZIP CITY-ST-ZIF NEW YORK NY 10166 TITLE ☐ Detete Change ■ Addition NAME SANDALLS, WILLIAM T. STREET ADDRESS STREET ADDRESS 200 PARK AVE CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10166** ☐ Addition ☐ Delete TITLE Chief Financial Officer 🖫 x hange TITLE NAME William Maresca STREET ADDRESS STREET ADDRESS 200 Park Avenue 7th flr 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 pr Block 12 if changed, or on an attachment with an address, with all other like Impowered. CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

heodore A. Schachar Vice President/Tak