2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State
03-29-2001 90404 049 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # 827423

1. Entity Name
DREYFUS SERVICE CORPORATION

Principal Place of Business	Mailing Address
200PARK AVE 7TH FLOOR NEW YORK NY 10166 US	200 PARK AVENUE 7TH FLOOR NEW YORK NY 10166 US

2. Principal Place of Business	3. Mailing Address
200 Park Avenue	200 Park Avenue
Suite, Apt. #, etc.: 7th Floor	Suite, Apt. #, etc.: 7th Floor
City & State: New York, New York	City & State: New York, New York
Zip: 10166 Country: USA	Zip: 10166 Country: USA

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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.

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

9. 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, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P EGGERS, THOMAS F 200 PARK AVE NEW YORK NY 10166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT OFFICER, J. DAVID 200 PARK AVE NEW YORK NY 10166	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SCHACHAR, THEODORE A 200 PARK AVENUE NEW YORK NY	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WELS, ANDREW 200 PARK AVE NEW YORK NY	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Jane M. Knight 200 Park Avenue New York, New York 10166	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP BURKE, STEPHEN 200 PARK AVE NEW YORK NY 10166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANDALLS, WILLIAM T. 200 PARK AVE NEW YORK NY 10166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR MARESCA, WILLIAM H. 200 PARK AVE NEW YORK NY 10166	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Theodore A. Schachar 3/19/01 212 902-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #