FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State
04-23-2002 90322 033 ***150.00

DOCUMENT # 827423

1. Entity Name
DREYFUS SERVICE CORPORATION

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

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

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

DO NOT WRITE IN THIS SPACE

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

PLANTATION, FL 33324

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) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE	President
NAME	J. David Officer
STREET ADDRESS	200 Park Avenue
CITY-ST-ZIP	New York, New York 10166
TITLE	Vice Pres/Tax
NAME	Theodore A. Schachar
STREET ADDRESS	200 Park Avenue
CITY-ST-ZIP	New York, New York 10166
TITLE	Secretary
NAME	Jane M. Knight
STREET ADDRESS	200 Park Avenue
CITY-ST-ZIP	New York, New York 10166
TITLE	CFO
NAME	William Maresca
STREET ADDRESS	200 Park Ave NY NY 10166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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

SIGNATURE: Theodore A. Schachar 4/22/02 Theodore A. Schachar V.P./Tax 212-922-7350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #