

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2004 08:00 AM**  
**Secretary of State**

|                                                                           |                                                                                   |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 827423</b><br>1. Entity Name<br>DREYFUS SERVICE CORPORATION |  |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------|



01072004 No Chg-P CR2E034 (10/03)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>13-2603136 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

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

**DO NOT WRITE IN THIS SPACE**

|                                                                                                                                  |                                       |
|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>CT CORPORATION SYSTEM<br>1200 S. PINE ISLAND ROAD<br>PLANTATION, FL 33324 | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|

B. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

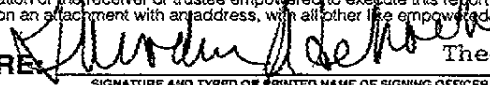
9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

000000104840  
04/06/04-80027-019 150.00

| 10. OFFICERS AND DIRECTORS                     |                                                               |
|------------------------------------------------|---------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>OFFICER, DAVID J<br>200 PARK AVE.<br>NEW YORK, NY 10166  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>SCHACHAR, THEODORE A<br>200 PARK AVENUE<br>NEW YORK, NY |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>KNIGHT, JANE M<br>200 PARK AVE<br>NEW YORK, NY           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | EVP<br>CARDONA, CHARLES<br>200 PARK AVE<br>NEW YORK, NY 10166 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MARESCA, WILLIAM H<br>200 PARK AVE<br>NEW YORK, NY 10166 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                               |

**DO NOT WRITE  
IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE  Theodore A. Schachar VP/Tax 3/21/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #