FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **828899** **(5)**

1. Corporation Name

DEAN WITTER REYNOLDS INSURANCE SERVICES, INC.

Principal Place of Business	Mailing Address
C/O CORPORATE TAX DEPT 101 CALIF ST SAN FRAN CA 94111-5801	C/O CORPORATE TAX DEPT 101 CALIF ST SAN FRAN CA 94111-5801

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **10/27/1972**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **51-0116113** ☐ Applied For ☐ Not Applicable

5. Certificate 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes **X** 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's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ALECCI, FRANK M.		1.2 NAME	
STREET ADDRESS	829 STONEWALL CT.		1.3 STREET ADDRESS	
CITY-ST-ZIP	FRANKLIN LAKES NY		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LEIGH, KERRY M.		2.2 NAME	
STREET ADDRESS	98 PORTLAND PLACE		2.3 STREET ADDRESS	
CITY-ST-ZIP	STATEN ISLAND NY		2.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LAROCQUE, RODNEY C		3.2 NAME	
STREET ADDRESS	525 WESTGATE DR		3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPA CA		3.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DAVIDSON, WILLIAM D.		4.2 NAME	
STREET ADDRESS	3730 CARDIFF-BY-THE-SEA		4.3 STREET ADDRESS	
CITY-ST-ZIP	CHEVY CHASE MD		4.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	FITZPATRICK, DANIEL		5.2 NAME	
STREET ADDRESS	320 HIGHWOOD AVE.		5.3 STREET ADDRESS	
CITY-ST-ZIP	LEONIA NJ		5.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	FULLER, MILTON A.		6.2 NAME	
STREET ADDRESS	184 STANWICH RD		6.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Rodney C. LaRocque **Rodney C. LaRocque, Treasurer** **4/12/96** **(415) 693-6109**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)