2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State
05-01-2007 90035 028 ***150.00

DOCUMENT # 828899

1. Entity Name
MORGAN STANLEY INSURANCE SERVICES INC.

40095797

04202007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
C/O MORGAN STANLEY DEAN WITTER & CO 1585 BROADWAY NEW YORK, NY 10036	C/O VAN KAMPEN INVESTMENTS INC. 1 PARKVIEW PLAZA, P.O. BOX 5555 OAKBROOK TERRACE, IL 60181-5555

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
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
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ALECCI, FRANK M MACK CENTER IV, S 61, PARMAUS RD PARAMUS, NJ 07652	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Complete List Attached	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ZAFRAN, FRANK P 2000 WESTCHESTER AVE. PURCHASE, NY 10577	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SCHMITT, LEONARD J HARBORSIDE FINANCIAL CENTER #2 JERSEY CITY, NJ 07311	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BOYLE, JAMES P 1221 AVENUE OF THE AMERICAS NEW YORK, NY 10020	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT Jacqueline T. Brody 750 Seventh Ave. New York, NY 10019	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS FITZPATRICK, DANIEL HARBORSIDE FINANCIAL CENTER, #2 JERSEY CITY, NJ 07311	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MARMOLL, ERIC J 1 PARKVIEW PLAZA, P.O. BOX 5555 OAKBROOK TERRACE, IL 601815555	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Eric J. Marmoll 4/24/2007 (630)684-6140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #