## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#828899**

FILED Apr 28, 2009 Secretary of State

Entity Name: MORGAN STANLEY INSURANCE SERVICES INC.

	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
585 BRC	GAN STANLEY DADWAY RK, NY 10036	DEAN WITTER & CO			
urrent Mailing Address:			New Mailing Address:		
PARKVI	GAN STANLE) EW PLAZA ST OK TERRACE,	E 100			
I Numbe	r: 51-0116113	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
ıme an	d Address of C	Current Registered Agent:	Name and Address of	of New Registered Agent:	
200 S. P	PORATION SYS INE ISLAND RO TON, FL 33324	DAD			
	e named entity : te of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SNATU					
	Electror	ic Signature of Registered A	gent	Date	
ction Ca	mpaign Financing	g Trust Fund Contribution ( ).			
FICER	S AND DIREC	TORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTO	
le: ime: dress:	ALECCI, FRAN	R IV, S 61, PARMAUS RD	Title: Name: Address:	( ) Change ( ) Addition	
y-St-Zip:	PARAMUS, NJ	0/652	City-St-Zip:		
y-St-Zip: e: me: dress:		Delete IK P ESTER AVE.	City-St-Zip: Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
y-St-Zip: e: me: dress: y-St-Zip: e: me: dress:	DP ( ) ZAFRAN, FRAN 2000 WESTCH PURCHASE, N	Delete IK P ESTER AVE. 7 10577 Delete MES J ESTER AVE	Title: Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition	
	DP ( ) ZAFRAN, FRAN 2000 WESTCH PURCHASE, N' VD ( ) PRITCHETT, JJ 2000 WESTCH PURCHASE, N'	Delete IK P ESTER AVE.  / 10577  Delete MES J ESTER AVE / 10577  Delete JELINE T AVE	Title: Name: Address: City-St-Zip: Title: Name: Address:		
y-St-Zip: e: me: dress: y-St-Zip: e: me: dress: y-St-Zip: e: me: dress:	DP ( ) ZAFRAN, FRAN 2000 WESTCH PURCHASE, N'  VD ( ) PRITCHETT, JA 2000 WESTCH PURCHASE, N'  AT ( ) BRADY, JACQU 750 SEVENTH NEW YORK, N'  DS ( ) FITZPATRICK,	Delete IK P ESTER AVE. (*) 10577  Delete WMES J ESTER AVE (*) 10577  Delete JELINE T AVE (*) 10019  Delete DANIEL FINANCIAL CENTER, #2	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	( ) Change ( ) Addition	

Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERIC J. MARMOLL V 04/28/2009