

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR 23 AM 11:02

DOCUMENT # **835918** (4)

1. Corporation Name  
**SCUDDER INVESTOR SERVICES, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**C/O THOMAS W. JOSEPH**  
**175 FEDERAL STREET**  
**BOSTON MA 02110-9267**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>03/11/1976</b>	3a. Date of Last Report <b>05/24/1994</b>
4. FEI Number <b>04-2321686</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>c/o Thomas W. Joseph</b> Suite, Apt. #, etc. 22 <b>Two International Pl. 15th</b> City & State 23 <b>Boston, MA</b> Zip 24 <b>02110</b>	2a. Mailing Address 26 <b>c/o Thomas W. Joseph</b> Suite, Apt. #, etc. 27 <b>Two International Pl. 15th</b> City & State 28 <b>Boston, MA</b> Zip 29 <b>02110</b>	Country 25 <b>USA</b>	Country 30 <b>USA</b>
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9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>	10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City B5 Zip Code <b>FL</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>SRVD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FINDLAY, CUYLER W</b>	1.2 NAME	
STREET ADDRESS	<b>708 PONUS RIDGE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NEW CANAAN CT 06840</b>	1.4 CITY - ST - ZIP	
TITLE	<b>PD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEE, DAVID S</b>	2.2 NAME	
STREET ADDRESS	<b>27 LAUREL RD</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CHESTNUT HILL, MA 00000</b>	2.4 CITY - ST - ZIP	
TITLE	<b>VTD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOSEPH, THOMAS W</b>	3.2 NAME	
STREET ADDRESS	<b>18 ELDA DR</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NORWOOD, MA 00000</b>	3.4 CITY - ST - ZIP	
TITLE	<b>S</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCDONOUGH, THOMAS F.</b>	4.2 NAME	
STREET ADDRESS	<b>175 HERITAGE HILL</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MARSHFIELD MA</b>	4.4 CITY - ST - ZIP	
TITLE	<b>VD</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PADEGS, JURIS</b>	5.2 NAME	
STREET ADDRESS	<b>22 MINTURN STREET</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HASTINGS-ON-HUDSON NY</b>	5.4 CITY - ST - ZIP	
TITLE	<b>VD</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PIERCE, DANIEL</b>	6.2 NAME	
STREET ADDRESS	<b>354 WESTFIELD STREET</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DEDHAM MA</b>	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 110.07(3)(b), 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE: **3-14-95** (P00) 533-6704 x 52182