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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **835918** **(4)**

1. Corporation Name
SCUDDER INVESTOR SERVICES, INC.

Principal Place of Business
C/O THOMAS W. JOSEPH
TWO INTERNATIONAL PL 15TH
BOSTON MA 02110
US

Mailing Address
C/O THOMAS W. JOSEPH
TWO INTERNATIONAL PL 15TH
BOSTON MA 02110
US

3. Date Incorporated or Qualified: **03/11/1976**
3a. Date of Last Report: **03/23/1995**

2. Principal Place of Business
21 c/o Thomas W. Joseph
Suite, Apt. #, etc.
22 Two International Place
City & State
23 Boston, MA
Zip 24 02110 Country 25 USA

2a. Mailing Address
26 c/o Thomas W. Joseph
Suite, Apt. #, etc.
27 Two International Place
City & State
28 Boston, MA
Zip 29 02110 Country 30 USA

4. FEI Number: **04-2321686** ☐ 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 ☒ 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 617.1502, 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 **N/A** DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SRVD FINDLAY, CUYLER W 708 PONUS RIDGE NEW CANAAN CT 06840 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	Vice President Linda J. Wondrack 18 Whistleberry Circle Hanover, MA ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LEE, DAVID S 27 LAUREL RD CHESTNUT HILL, MA 00000 ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD JOSEPH, THOMAS W 18 ELDA DR NORWOOD, MA 00000 ☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MCDONOUGH, THOMAS F. 175 HERITAGE HILL MARSHFIELD MA ☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PADEGS, JURIS 22 MINTURN STREET HASTINGS-ON-HUDSON NY ☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PIERCE, DANIEL 354 WESTFIELD STREET DEDHAM MA ☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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)(i), 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: Thomas W. Joseph 04/09/96 (800) 533-6704
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #