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FILED

Apr 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 PLACE  
BOSTON MA 02110  
US

Mailing Address

C/O THOMAS W. JOSEPH  
TWO INTERNATIONAL PLACE  
BOSTON MA 02110-4104  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

03/11/1976

3a. Date of Last Report

04/16/1996

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

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

g. 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 N/A

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SRVD	<input checked="" type="checkbox"/> DELETE
NAME	FINDLAY, CUYLER W.	
STREET ADDRESS	708 PONUS RIDGE	
CITY-ST-ZIP	NEW CANAAN CT	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEE, DAVID S	
STREET ADDRESS	27 LAUREL RD	
CITY-ST-ZIP	CHESTNUT HILL, MA 00000	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	JOSEPH, THOMAS W	
STREET ADDRESS	18 ELDA DR	
CITY-ST-ZIP	NORWOOD, MA 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MCDONOUGH, THOMAS F.	
STREET ADDRESS	175 HERITAGE HILL	
CITY-ST-ZIP	MARSHFIELD MA	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PADEGS, JURIS	
STREET ADDRESS	22 MINTURN STREET	
CITY-ST-ZIP	HASTINGS-ON-HUDSON NY	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PIERCE, DANIEL	
STREET ADDRESS	354 WESTFIELD STREET	
CITY-ST-ZIP	DEDHAM MA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SRVD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Quirk, Kathryn L.	
1.3 STREET ADDRESS	616 Second Street	
1.4 CITY-ST-ZIP	Brooklyn, NY	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Wondrack, Linda J.	
2.3 STREET ADDRESS	18 Whistleberry Circle	
2.4 CITY-ST-ZIP	Hanover, MA	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE REQUIRED Thomas W. Joseph

4/17/97

(800) 533-6704

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000134

CR2E034 (9/96)