

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 835918

1. Corporation Name
SCUDDER INVESTOR SERVICES, INC.

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90014 039 ***150.00

04-25-1999 90014 040 *****8.75



DO NOT WRITE IN THIS SPACE

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 US		3. Date Incorporated or Qualified 03/11/1976	
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 04-2321686	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24		Zip 25		Country 29	
Country 25		Country 29		Country 30	
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	
				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		Signature, typed or printed name of registered agent and title if applicable. (NOT E: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	VD	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	QUIRK, KATHRYN L.		1.1 TITLE	VD	
STREET ADDRESS	616 SECOND STREET		1.2 NAME	Kathryn L. Quirk	
CITY-STATE-ZIP	BROOKLYN NY		1.3 STREET ADDRESS	725 Harvest Hill Drive	
			1.4 CITY-STATE-ZIP	Chalfont, PA 18914	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WONDRACK, LINDA J		2.2 NAME		
STREET ADDRESS	18 WHISTLEBERRY CIRCLE		2.3 STREET ADDRESS		
CITY-STATE-ZIP	HANOVER MA		2.4 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VTD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH, THOMAS W		3.2 NAME		
STREET ADDRESS	18 ELDA DR		3.3 STREET ADDRESS		
CITY-STATE-ZIP	NORWOOD, MA 00000		3.4 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONOUGH, THOMAS F.		4.2 NAME		
STREET ADDRESS	175 HERITAGE HILL		4.3 STREET ADDRESS		
CITY-STATE-ZIP	MARSHFIELD MA		4.4 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERCE, DANIEL		5.2 NAME		
STREET ADDRESS	354 WESTFIELD STREET		5.3 STREET ADDRESS		
CITY-STATE-ZIP	DEDHAM MA		5.4 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			6.2 NAME	Mark S. Casady	
STREET ADDRESS			6.3 STREET ADDRESS	3 Summit Road	
CITY-STATE-ZIP			6.4 CITY-STATE-ZIP	Weston, MA 02193	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas W. Joseph, Vice President

March 25, 1999

Date

(800) 533-6704

Daytime Phone #

CR2E034 (11/98)