


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90477 019 ***150.00

DOCUMENT # 835918 1. Entity Name SCUDDER INVESTOR SERVICES, INC.																																																																																																																																									
Principal Place of Business C/O LINDA J WONDRACK TWO INTERNATIONAL PLACE BOSTON, MA 02110 US			Mailing Address C/O PAM USSERY 345 PARK AVE NEW YORK, NY 10154 US																																																																																																																																						
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address C/O Angie LaRocca 1251 Ave. of the Americas New York, NY 10020 USA																																																																																																																																							
City & State		City & State New York, NY		4. FEI Number 04-2321686																																																																																																																																					
Zip 10020		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																					
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																																																					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																						
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">DVP</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BURKE, STEPHEN R</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>280 PARK AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NEW YORK, NY 10017</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VCCO</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WONDRACK, LINDA J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>TWO INTERNATIONAL PL</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOSTON, MA 02110</td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MCGOVERN, JAMES J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>345 PARK AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NEW YORK, NY 10154</td> <td></td> </tr> <tr> <td>TITLE</td> <td>CFOT</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>EDWARDS, JOHN W JR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>60 WALL STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NEW YORK, NY 100052858</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BUTTERFLY, WILLIAM G III</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>345 PARK AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NEW YORK, NY 10154</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DP</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>NELUND, GLORIA S</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>333 SPUTH HOPE STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LOS ANGELES, CA 900711470</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">Director & President</td> <td style="width: 10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1325 Ave. of the Americas</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>New York, NY 10019</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>William G. Butterfly, III</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1251 Ave. of the Americas</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>New York, NY 10020</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	DVP	<input type="checkbox"/> Delete	NAME	BURKE, STEPHEN R		STREET ADDRESS	280 PARK AVE		CITY-ST-ZIP	NEW YORK, NY 10017		TITLE	VCCO	<input type="checkbox"/> Delete	NAME	WONDRACK, LINDA J		STREET ADDRESS	TWO INTERNATIONAL PL		CITY-ST-ZIP	BOSTON, MA 02110		TITLE	T	<input checked="" type="checkbox"/> Delete	NAME	MCGOVERN, JAMES J		STREET ADDRESS	345 PARK AVE		CITY-ST-ZIP	NEW YORK, NY 10154		TITLE	CFOT	<input type="checkbox"/> Delete	NAME	EDWARDS, JOHN W JR		STREET ADDRESS	60 WALL STREET		CITY-ST-ZIP	NEW YORK, NY 100052858		TITLE	S	<input type="checkbox"/> Delete	NAME	BUTTERFLY, WILLIAM G III		STREET ADDRESS	345 PARK AVE		CITY-ST-ZIP	NEW YORK, NY 10154		TITLE	DP	<input checked="" type="checkbox"/> Delete	NAME	NELUND, GLORIA S		STREET ADDRESS	333 SPUTH HOPE STREET		CITY-ST-ZIP	LOS ANGELES, CA 900711470		TITLE	Director & President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	1325 Ave. of the Americas		CITY-ST-ZIP	New York, NY 10019		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	William G. Butterfly, III	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	1251 Ave. of the Americas		CITY-ST-ZIP	New York, NY 10020		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete																																																																																																																																							
NAME	BURKE, STEPHEN R																																																																																																																																								
STREET ADDRESS	280 PARK AVE																																																																																																																																								
CITY-ST-ZIP	NEW YORK, NY 10017																																																																																																																																								
TITLE	VCCO	<input type="checkbox"/> Delete																																																																																																																																							
NAME	WONDRACK, LINDA J																																																																																																																																								
STREET ADDRESS	TWO INTERNATIONAL PL																																																																																																																																								
CITY-ST-ZIP	BOSTON, MA 02110																																																																																																																																								
TITLE	T	<input checked="" type="checkbox"/> Delete																																																																																																																																							
NAME	MCGOVERN, JAMES J																																																																																																																																								
STREET ADDRESS	345 PARK AVE																																																																																																																																								
CITY-ST-ZIP	NEW YORK, NY 10154																																																																																																																																								
TITLE	CFOT	<input type="checkbox"/> Delete																																																																																																																																							
NAME	EDWARDS, JOHN W JR																																																																																																																																								
STREET ADDRESS	60 WALL STREET																																																																																																																																								
CITY-ST-ZIP	NEW YORK, NY 100052858																																																																																																																																								
TITLE	S	<input type="checkbox"/> Delete																																																																																																																																							
NAME	BUTTERFLY, WILLIAM G III																																																																																																																																								
STREET ADDRESS	345 PARK AVE																																																																																																																																								
CITY-ST-ZIP	NEW YORK, NY 10154																																																																																																																																								
TITLE	DP	<input checked="" type="checkbox"/> Delete																																																																																																																																							
NAME	NELUND, GLORIA S																																																																																																																																								
STREET ADDRESS	333 SPUTH HOPE STREET																																																																																																																																								
CITY-ST-ZIP	LOS ANGELES, CA 900711470																																																																																																																																								
TITLE	Director & President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																							
NAME																																																																																																																																									
STREET ADDRESS	1325 Ave. of the Americas																																																																																																																																								
CITY-ST-ZIP	New York, NY 10019																																																																																																																																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																							
NAME																																																																																																																																									
STREET ADDRESS																																																																																																																																									
CITY-ST-ZIP																																																																																																																																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																							
NAME																																																																																																																																									
STREET ADDRESS																																																																																																																																									
CITY-ST-ZIP																																																																																																																																									
TITLE	William G. Butterfly, III	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																							
NAME																																																																																																																																									
STREET ADDRESS	1251 Ave. of the Americas																																																																																																																																								
CITY-ST-ZIP	New York, NY 10020																																																																																																																																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																							
NAME																																																																																																																																									
STREET ADDRESS																																																																																																																																									
CITY-ST-ZIP																																																																																																																																									
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																																																																																									
SIGNATURE: <u>William G. Butterfly, III</u> William G. Butterfly, III 4-26-04 (212) 454-6778 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																									

11040169



04222004 Chg-P CR2E034 (10/03)

Applied For
Not Applicable

ATTACHMENT 44045169
835918

Scudder Investor Services, Inc.
Directors and Officers

<u>Name</u>	<u>Title</u>	<u>Address</u>
Stephen R. Burke	Director and President	1325 Avenue of the Americas New York, NY 10019
Peter C. Russell	Director & Senior Vice President	280 Park Avenue New York, NY 10017
Heidi E. Walker-Pfabe	Director & Vice President	1325 Avenue of the Americas New York, NY 10019
John W. Edwards, Jr.	Chief Financial Officer & Treasurer	60 Wall Street New York, NY 10005
William G. Butterly, III	Clerk	1251 Avenue of the Americas New York, NY 10020
M. Patrick Donovan	Vice President and AML Compliance Officer	Two International Place Boston, MA 02110
Joseph W. Sarbinowski	Vice President	1325 Avenue of the Americas New York, NY 10019
Linda J. Wondrack	Chief Compliance Officer and Vice President	Two International Place Boston, MA 02110
John H. Kim	Assistant Clerk	1251 Avenue of the Americas New York, NY 10020