

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90332 024 ***150.00

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04112005 Chg-P CR2E034 (10/03)

DOCUMENT # 835918					
1. Entity Name SCUDDER INVESTOR SERVICES, INC.					
Principal Place of Business C/O LINDA J WONDRAK TWO INTERNATIONAL PLACE BOSTON, MA 02110 US			Mailing Address C/O ANJIE LAROCCA 1251 AVE OF THE AMERICAS NEW YORK, NY 10020 US		
2. Principal Place of Business 345 Park Avenue		3. Mailing Address c/o Anjie LaRocca			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 345 Park Avenue			
City & State New York, NY		City & State New York, NY		4. FEI Number 04-2321686	
Zip 10154		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BURKE, STEPHEN R 1325 AVE OF THE AMERICAS NEW YORK, NY 10019	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director & Senior Vice President 345 Park Avenue New York, NY 10154	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCCO WONDRAK, LINDA J TWO INTERNATIONAL PL BOSTON, MA 02110	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President & Chief Compliance Officer Rhonda Brier 345 Park Avenue New York, NY 10154	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSV RUSSELL, PETER C 280 PARK AVE NEW YORK, NY 10017	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director & President Mark Cullen 345 Park Avenue New York, NY 10154	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOT EDWARDS, JOHN W JR 60 WALL STREET NEW YORK, NY 100052858	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Financial Officer & Treasurer Ralph Mattone 60 Wall Street New York, NY 10154	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BUTTERFLY, WILLIAM G III 1251 AVE OF THE AMERICAS NEW YORK, NY 10020	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary A. Thomas Smith 345 Park Avenue New York, NY 10154	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WALKER-PFABE, HEIDI E 1325 AVE OF THE AMERICAS NEW YORK, NY 10019	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President 345 Park Avenue New York, NY 10154	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____			A. Thomas Smith		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date _____ Daytime Phone # _____		

ATTACHMENT

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SCUDDER INVESTOR SERVICES, INC.
OFFICERS AND DIRECTORS
Proposed

Name	Officer Title	Director
Mark Cullen 345 Park Avenue New York, NY 10154	President	X
Stephen Burke 345 Park Avenue New York, NY 10154	Senior Vice President	X
Sol Raso 875 N. Michigan Avenue Suite 4100 Chicago, IL 60611	Senior Vice President	X
Richard Goldsmith 280 Park Avenue New York, NY 10017	Senior Vice President	X
Ralph Mattone 60 Wall Street New York, NY 10005-2858	Chief Financial Officer and Treasurer	
A. Thomas Smith 345 Park Avenue New York, NY 10154	Clerk	
Rhonda Brier 345 Park Avenue New York, NY 10154	Vice President and Chief Compliance Officer	
M. Patrick Donovan Two International Place Boston, MA 02110-4103	Vice President and AML Officer	
John Kim 1251 Avenue of the Americas New York, NY 10020	Assistant Clerk	