

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 31, 2001 8:00 am**  
**Secretary of State**

08-31-2001 90235 002 \*\*\*500.00

**DOCUMENT # F00000006808**

1. Entity Name

**MUTUAL FUNDS EDITORIAL SERVICES, INC.**

**B0063049**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**1271 AVENUE OF THE AMERICAS**  
**NEW YORK NY 10020**

Mailing Address

**1271 AVENUE OF THE AMERICAS**  
**NEW YORK NY 10020**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Tax Dept.**

City & State

City & State

4. FEI Number

**13-4146269**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**FERDINAND, WELLS** ☒ Delete  
**1271 AVENUE OF THE AMERICAS**  
**NEW YORK NY 10020**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President** ☐ Change ☒ Addition  
**Paul Francis**  
**1271 Avenue of the Americas**  
**New York, NY 10020**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VTD** ☐ Delete  
**ATKINSON, RICHARD**  
**100 GRACE CHURCH STREET**  
**RYE NY 10580**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VS** ☐ Delete  
**MCCARTHY, ROBERT E**  
**3 WOODS LANE**  
**CHATHAM NJ 07928**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V** ☐ Delete  
**MITCHELL, LEN**  
**5 OREGON HOLLOW**  
**ARMONK NY 10504**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V** ☒ Delete  
**CHRISTIE, WARREN A**  
**1271 AVENUE OF THE AMERICAS**  
**NEW YORK NY 10020**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Assitant Secretary** ☐ Change ☒ Addition  
**Lauren Ezrol**  
**1271 Ave. of the Americas**  
**New York, NY 10020**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AS** ☐ Delete  
**FRIEDMAN, RICHARD I**  
**112 EAST 19TH STREET**  
**NEW YORK NY 10003**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

13. 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 11 or Block 12 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

**7/12/01**

**212-522-5236**

Date

Daytime Phone #

CR2034 (10/00)