

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90326 047 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                          |                                                                                                                                                                                    |                                                                                                                                                |                                                                                                                                                                                                              |                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # F00000006808</b><br>1. Entity Name<br><b>MUTUAL FUNDS EDITORIAL SERVICES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                          |                                                                                                                                                                                    |                                                                                                                                                |                                                                                                                                                                                                              |                                                                              |
| Principal Place of Business<br>1271 AVENUE OF THE AMERICAS<br>NEW YORK, NY 10020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                          |                                                                                                                                                                                    | Mailing Address<br>1271 AVENUE OF THE AMERICAS<br>NEW YORK, NY 10020                                                                           |                                                                                                                                                                                                              |                                                                              |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                          | 3. Mailing Address<br><b>1271 Avenue of the Americas</b><br>Suite, Apt. #, etc.<br><b>Tax Dept. 5-83</b><br>City & State<br><b>New York NY</b><br>Zip      Country<br><b>10020</b> |                                                                                                                                                | <div style="text-align: right; font-size: 1.2em; font-weight: bold;">11030204</div> <div style="text-align: center; font-size: 0.8em;"> <input type="checkbox"/> CHECK HERE IF MAKING CHANGES         </div> |                                                                              |
| 4. FEI Number<br><b>13-4146269</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                             |                                                                                                                                                |                                                                                                                                                                                                              |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                          | <b>\$8.75 Additional Fee Required</b>                                                                                                                                              |                                                                                                                                                |                                                                                                                                                                                                              |                                                                              |
| 6. Name and Address of Current Registered Agent<br><br><b>C T CORPORATION SYSTEM</b><br><b>1200 SOUTH PINE ISLAND ROAD</b><br><b>PLANTATION, FL 33324</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                          |                                                                                                                                                                                    | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City      State      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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                          |                                                                                                                                                                                    |                                                                                                                                                |                                                                                                                                                                                                              |                                                                              |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>FILE NOW! FEE IS \$150.00</b><br/> <b>After May 1, 2003 Fee will be \$650.00</b><br/> <b>Make Check Payable to Florida Department of State</b> </div> <div style="width: 60%;">         9. Election Campaign Financing<br/>         Trust Fund Contribution:    <input type="checkbox"/>    <b>\$5.00 May Be Added to Fees</b> </div> </div>                                                                                                                                                                                                            |                                                                          |                                                                                                                                                                                    |                                                                                                                                                |                                                                                                                                                                                                              |                                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                          |                                                                                                                                                                                    | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                          |                                                                                                                                                                                                              |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | P<br>FRANCIS, PAUL<br>1271 AVENUE OF THE AMERICAS<br>NEW YORK, NY 10020  | <input type="checkbox"/> Delete                                                                                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                 |                                                                                                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VTD<br>ATKINSON, RICHARD<br>100 GRACE CHURCH STREET<br>RYE, NY 10580     | <input type="checkbox"/> Delete                                                                                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                 |                                                                                                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VS<br>MCCARTHY, ROBERT E<br>3 WOODS LANE<br>CHATHAM, NJ 07928            | <input checked="" type="checkbox"/> Delete                                                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                 | VS<br>John S. Redpath, Jr<br>1271 Avenue of the Americas<br>New York, NY 10020                                                                                                                               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | V<br>MITCHELL, LEN<br>6 OREGON HOLLOW<br>ARMONK, NY 10504                | <input checked="" type="checkbox"/> Delete                                                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                 | TO<br>Linda Pellegrino<br>1271 Avenue of the Americas<br>New York, NY 10020                                                                                                                                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | AS<br>EZROL, LAUREN<br>1271 AVENUE OF THE AMERICAS<br>NEW YORK, NY 10020 | <input type="checkbox"/> Delete                                                                                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                 |                                                                                                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | AS<br>FRIEDMAN, RICHARD I<br>112 EAST 19TH STREET<br>NEW YORK, NY 10003  | <input type="checkbox"/> Delete                                                                                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                 |                                                                                                                                                                                                              | <input 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: _____<br><small>SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                          |                                                                                                                                                                                    |                                                                                                                                                |                                                                                                                                                                                                              |                                                                              |

CR2E034 (10/02)