

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90544 029 \*\*\*150.00

<b>DOCUMENT # F02000002175</b>					
<b>1. Entity Name</b> UBS INTERNATIONAL INC.					
<b>Principal Place of Business</b> 101 PARK AVENUE NEW YORK, NY 10178			<b>Mailing Address</b> 101 PARK AVENUE NEW YORK, NY 10178		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 800 Harbor Blvd. Suite, Apt. #, etc. Tax Dept. - 1 <sup>st</sup> Floor City & State Weehawken, NJ Zip 07086			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 30-0015266	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAFIR, RONALD 1200 HARBOR BLVD. WEEHAWKEN, NJ 07086		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD RICARDO, GONZALEZ 101 PARK AVENUE NEW YORK, NY 10178		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO QUINN, MICHAEL 101 PARK AVENUE NEW YORK, NY 10178		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWLAND, CHRISTOPHER 101 PARK AVENUE NEW YORK, NY 10178		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS NOAH, SCOTT 101 PARK AVENUE NEW YORK, NY 10178		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Louis DeVico 800 Harbor Blvd. Weehawken, NJ 07086	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OPER FERGUSON, KEVIN 101 PARK AVENUE NEW YORK, NY 10178		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Compliance Officer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Joseph Scavo 101 Park Ave. NY, NY 10178	
<b>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 reports 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.</b>					
<b>SIGNATURE:</b> <u>Louis DeVico</u> <b>Louis DeVico</b> <u>4/5/04</u> <u>(201) 352-0559</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					