


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # F02000002175</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>800 HARBOR BLVD TAX DEPT 1ST FLOOR WEEHAWKEN, NJ 07086</b>
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04162007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>30-0015266</b>	Applied For <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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U00000748542 05/17/07-80072-008 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE <b>D</b>	NAME <b>SAFIR, RONALD</b>
STREET ADDRESS <b>1200 HARBOR BLVD.</b>	CITY-ST-ZIP <b>WEEHAWKEN, NJ 07086</b>
TITLE <b>CD</b>	NAME <b>RICARDO, GONZALEZ</b>
STREET ADDRESS <b>101 PARK AVENUE</b>	CITY-ST-ZIP <b>NEW YORK, NY 10178</b>
TITLE <b>CFO</b>	NAME <b>QUINN, MICHAEL</b>
STREET ADDRESS <b>101 PARK AVENUE</b>	CITY-ST-ZIP <b>NEW YORK, NY 10178</b>
TITLE <b>D</b>	NAME <b>ROWLAND, CHRISTOPHER</b>
STREET ADDRESS <b>101 PARK AVENUE</b>	CITY-ST-ZIP <b>NEW YORK, NY 10178</b>
TITLE <b>DS</b>	NAME <b>NOAH, SCOTT</b>
STREET ADDRESS <b>101 PARK AVENUE</b>	CITY-ST-ZIP <b>NEW YORK, NY 10178</b>
TITLE <b>AT</b>	NAME <b>DEVICO, LOUIS</b>
STREET ADDRESS <b>800 HARBOR BLVD</b>	CITY-ST-ZIP <b>WEEHAWKEN, NJ 07086</b>

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **LOUIS DEVICO** **4/30/07 (201) 352-0559**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #