


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90031 005 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # F02000005353</b>                                |  |
| 1. Entity Name<br><b>UBS GLOBAL ASSET MANAGEMENT(US) INC.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>800 HARBOR BLVD<br/>TAX DEPT 1ST FLOOR<br/>WEEHAWKEN, NJ 07086</b> | Mailing Address<br><b>800 HARBOR BLVD<br/>TAX DEPT 1ST FLOOR<br/>WEEHAWKEN, NJ 07086</b> |
|--|--|

|  |                    |
|--|--------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|--|--------------------|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

40111096



04192007 Chg-P CR2E034 (12/06)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>13-2895752</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><b>CORPORATION SERVICE COMPANY<br/>1201 HAYS STREET<br/>TALLAHASSEE, FL 32301-2525</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____ | DATE _____ |
|-----------------|------------|

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

(NOTE: Registered Agent signature required when reappointing)

DATE

|   |   |  |
|---|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be<br/>Added to Fees</b> |
|---|---|--|

|  |  |   |   |
|--|--|---|---|
| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S<br/>KEMPER, MARK F<br/>800 HARBOR BLVD.<br/>WEEHAWKEN, NJ 07086</b> <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 | <b>V<br/>WOLFANGEL, ROBERT P JR<br/>800 HARBOR BLVD<br/>WEEHAWKEN, NJ 07086</b> <input checked="" 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 | <b>AT<br/>DEVICO, LOUIS<br/>800 HARBOR BLVD.<br/>WEEHAWKEN, NJ 07086</b> <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 | <b>PD<br/>MANDINACH, BARRY<br/>800 HARBOR BLVD<br/>WEEHAWKEN, NJ 07086</b> <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 | <b>T<br/>MOORE, JOHN C<br/>800 HARBOR BLVD<br/>WEEHAWKEN, NJ 07086</b> <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 | <b>D<br/>SOTORP, KAI R<br/>800 HARBOR BLVD<br/>WEEHAWKEN, NJ 07086</b> <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 exemptions contained in Chapter 119, 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.

|  |                     |                |                     |
|--|---------------------|----------------|---------------------|
| SIGNATURE:  | <b>Louis DeVico</b> | <b>4/20/07</b> | <b>201-352-0559</b> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                             |                     | Date           | Daytime Phone #     |

ATTACHMENT

UBS FINANCIAL SERVICES INC.

40111096

# F0200002555

\* 800 Harbor Boulevard \* Tax Dept-1st Floor \* Weehawken, NJ 07086 \*

CERTIFIED MAIL #: \_\_\_\_\_

04/19/2007

DEPT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6198  
TALLAHASSEE , FL 32314-0000

Re: UBS Global Asset Management (US) Inc.  
FEIN: 13-2895752

Gentlemen:

On behalf of the above captioned company, we are enclosing the following return:

ANNUAL REPORT - RETURN

Enclosed also is a check in the amount of \$ 150.00 in  
payment of the indicated liability.

Should you have any questions regarding this filing please feel free  
to contact State Tax Manager, Louis DeVico at (201) 352-0559.

Very truly yours,

Craig Adamik