

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000006122

FILED  
Feb 24, 2011  
Secretary of State

**Entity Name:** DWS INVESTMENTS DISTRIBUTORS, INC.

**Current Principal Place of Business:**

222 SOUTH RIVERSIDE PLAZA  
CHICAGO, IL 60606 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ANJIE LAROCCA  
280 PARK AVE  
NEW YORK, NY 10017 US

**New Mailing Address:**

C/O ANJIE LAROCCA  
60 WALL STREET  
NEW YORK, NY 10005 US

**FEI Number:** 36-3976708

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: WOODS, MICHAEL  
Address: 345 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10154 US

Title: S  
Name: LAROCCA, ANJIE  
Address: 60 WALL STREET  
City-St-Zip: NEW YORK, NY 10005 US

Title: D  
Name: MIRANDA, ALBAN  
Address: 345 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10154 US

Title: CFO  
Name: GOLDSTEIN, CLIFF  
Address: 60 WALL STREET  
City-St-Zip: NEW YORK, NY 10005 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANJIE LAROCCA

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02/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date