


2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90035 003 ***150.00

DOCUMENT # F04000004314	
1. Entity Name MORGAN STANLEY INVESTMENT ADVISORS INC.	

Principal Place of Business 1221 AVENUE OF THE AMERICAS NEW YORK, NY 10020-1008	Mailing Address C/O MSAM TAX DEPARTMENT ONE PARKVIEW PLAZA, 4TH FL OAKBROOK TERRACE, IL 60181-5555
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40095774



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

04202007 Chg-P CR2E034 (12/06)

4. FEI Number 13-3680016		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP THOMAS, OWEN D 1221 AVENUE OF THE AMERICAS NEW YORK, NY 10020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROSERMAN, AMY R 1221 AVENUE OF THE AMERICAS NEW YORK, NY 100201008 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Amy R. Doberman 1221 Avenue of the Americas New York, NY 10020 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBISON, RONALD E 1221 AVENUE OF THE AMERICAS NEW YORK, NY 100201008 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDAS CHANG YU, STEFANIE V 1221 AVENUE OF THE AMERICAS NEW YORK, NY 100201008 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCFO CASTIGLIA, KENNETH 1221 AVENUE OF THE AMERICAS NEW YORK, NY 10020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED Eric J. Marmoll One Parkview Plaza Oakbrook Terrace, IL 60181 <input type="checkbox"/> Change <input checked="" 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 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:  **Eric J. Marmoll** **4/23/2007** **(630) 684-6140**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #