FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000002936 (3)

1. Corporation Name

DEAN WITTER VENTURE INC.

Principal Place of Business	Mailing Address
C/O DEAN WITTER REYNOLDS, INC. 101 CALIFORNIA ST. CORPORATE TAX SAN FRANCISCO CA 94111	C/O DEAN WITTER REYNOLDS, INC. 101 CALIFORNIA ST. CORPORATE TAX SAN FRANCISCO CA 94111

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/24/1993

3a. Date of Last Report: 06/16/1994

2. Principal Place of Business (21)

2a. Mailing Address (26)

4. FEI Number: 52-1826119 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22)

Suite, Apt. #, etc. (27)

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State (23)

City & State (28)

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip (24) Country (25)

Zip (29) Country (30)

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes XX No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ NAME: (Signature, typed or printed name of registered agent and title if applicable) _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	HIGGINS, JAMES F	12 NAME	
STREET ADDRESS	18 POWDERHORN RD.	13 STREET ADDRESS	
CITY-ST-ZIP	HOHOKUS NJ 07423	14 CITY ST ZIP	
TITLE	CD	21 TITLE	☐ Change ☐ Addition
NAME	PURCELL, PHILIP J	22 NAME	
STREET ADDRESS	1036 SENECA RD.	23 STREET ADDRESS	
CITY-ST-ZIP	WILMETTE IL 60091	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	POWERS, RICHARD F III	32 NAME	
STREET ADDRESS	11 CAMEL HOLLOW RD.	33 STREET ADDRESS	
CITY-ST-ZIP	LLOYD HARBOR NY 11743	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	MERIN, MITCHELL M III	42 NAME	
STREET ADDRESS	5 NOTTINGHAM WAY	43 STREET ADDRESS	
CITY-ST-ZIP	WARREN NJ 07060	44 CITY ST ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	BECKER, PHILIP H	52 NAME	
STREET ADDRESS	1098 RANDOLPH DR.	53 STREET ADDRESS	
CITY ST ZIP	YARDLEY PA 19067	54 CITY ST ZIP	
TITLE	AS	61 TITLE	☐ Change ☐ Addition
NAME	HURLEY, SABRINA	62 NAME	
STREET ADDRESS	710 WARWICK ST.	63 STREET ADDRESS	
CITY ST ZIP	BROOKLYN NY 11207	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sabrina Hurley Sabrina Hurley, Assistant Treasurer 4/27/95 (415) 693-6628

SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR (Title) (Telephone #)

0403171 FP