

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90065 013 ***150.00

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1. Entity Name
DEAN WITTER REALTY INCOME ASSOCIATES I INC.



Principal Place of Business
1585 BROADWAY
NEW YORK NY 10036

Mailing Address
C/O VAN KAMPEN INVESTMENTS INC.
1 PARKVIEW PLAZA, PO BOX 5555
VILLA PARK IL 60181-5555
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

OAKBROOK TERRACE IL

Zip

Country

Zip

Country

4. FEI Number

13-3174550

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DCEO ☐ Delete
NAME SMITH, WILLIAM B
STREET ADDRESS 423 HILLSIDE AVENUE
CITY-ST-ZIP WESTFIELD NJ 07090

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1585 BROADWAY
CITY-ST-ZIP NEW YORK NY 10036

TITLE P ☐ Delete
NAME HARDMAN, E. DAVISSON JR.
STREET ADDRESS 3 LODER STREET
CITY-ST-ZIP RYE NY 10580

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1585 BROADWAY
CITY-ST-ZIP NEW YORK NY 10036

TITLE V ☐ Delete
NAME AUSTIN, ROBERT B
STREET ADDRESS 17 MANITOU CIRCLE
CITY-ST-ZIP WESTFIELD NJ 07090

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1585 BROADWAY
CITY-ST-ZIP NEW YORK NY 10036

TITLE AVP ☐ Delete
NAME SANDBERG, BRUCE
STREET ADDRESS 115 MARGARETTA COURT
CITY-ST-ZIP STATEN ISLAND NY 10314

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 750 7TH AVENUE
CITY-ST-ZIP NEW YORK NY 10019

TITLE DS ☐ Delete
NAME CARMAN, RONALD T
STREET ADDRESS 436 N. VILLAGE AVENUE
CITY-ST-ZIP ROCVILLE CENTRE NY 11570

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1221 AVENUE OF THE AMERICAS
CITY-ST-ZIP NEW YORK NY 10020

TITLE T ☐ Delete
NAME FRANK, ALEXANDER C
STREET ADDRESS 500 EAST 83RD STREET, APT 4E
CITY-ST-ZIP NEW YORK NY 10028

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 750 7TH AVENUE
CITY-ST-ZIP NEW YORK NY 10019

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Bruce Sandberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4/21/03 Daytime Phone #: (630) 684-6140

CR2E034 (10/02)