

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90229 018 ***150.00

DOCUMENT # F96000001329

1. Corporation Name

DISCOVER BROKERAGE DIRECT, INC.

Principal Place of Business

333 MARKET STREET
25TH FLOOR
SAN FRANCISCO CA 94105
US

Mailing Address

%MORGAN STANLEY, DEAN WITTER & CO.
1221 AVE. OF THE AMERICAS
NEW YORK NY 94111
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/14/1996

4. FEI Number

94-3170569

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

RAUSCH, LAWRENCE A
1900 SUMMIT TOWER BLVD
STE 730
ORLANDO FL 32810

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ROACH, VINCENT E	
STREET ADDRESS	333 MARKET ST., 25TH FLOOR	
CITY-ST-ZIP	SAN FRANCISCO CA 94105	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MILLER, STEPHEN R	
STREET ADDRESS	333 MARKET ST., 25TH FLOOR	
CITY-ST-ZIP	SAN FRANCISCO CA 94105	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	O'CONNELL, THOMAS J	
STREET ADDRESS	333 MARKET ST., 25TH FLOOR	
CITY-ST-ZIP	SAN FRANCISCO CA 94105	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FRANK, ALEX	
STREET ADDRESS	1585 BROADWAY	
CITY-ST-ZIP	NEW YORK FL 10036	
TITLE	S	<input type="checkbox"/> DELETE
NAME	EDWARDS, CHRISTINE A	
STREET ADDRESS	1585 BROADWAY	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Poli, Peter	
1.3 STREET ADDRESS	333 Market St. 25th Floor	
1.4 CITY-ST-ZIP	San Francisco CA 94107	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/8/99 415-537-8600

CR2E034 (1/98)

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