CR2E034 (9/01)

FILED

2002 Uniform Business Report (UBR)

SIGNATURE:

Mar 19, 2002 8:00 am § F98000003670 DOCUMENT # **Secretary of State** 1. Entity Name 03-19-2002 90016 029 ***150.00 UBS AG MIAMI AGENCY Principal Place of Business Mailing Address 701 BRICKELL AVENUE.. SUITE 3250 701 BRICKELL AVENUE.. SUITE 3250 MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 98-0186363 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition DINERSTEIN, ROBERT NAME NAME STREET ADDRESS 299 PARK AVENUE STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10171** CITY-ST-ZIP TITLE MD ☐ Delete TITLE Change ☐ Addition NAME EBER, LOUIS NAME STREET ADDRESS 299 PARK AVENUE STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10171** CITY-ST-ZIP TITLE ☐ Delete TITLE Executive:Director Addition NAME NAME James Petrie STREET ADDRESS STREET ADDRESS 677 Washington Blvd. CITY-ST-ZIP CITY-ST-ZIP Stamford, CT 06901 TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like emprovered.

James Petrie

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/02

Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

DOCU 1. Entity Nan UBS AG	ne		0000	003670									
Principal Place of Business 701 BRICKELL AVENUE SUITE 3250 MIAMI FL 33131				Mailing Address 701 BRICKELL AVENUE SUITE 3250 MIAMI FL 33131				H25572					
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.					DO NOT V	WRITE IN THIS	SPACE		
City & State				City & State				4. FEI Nur	nber 98-01863	363	———	polied For	
Zip	Country			Zip Cour		try	5. Certificate of Status Di		 _		CO 75		
	6. Name	and Address of Cu	rent Regis	Registered Agent			7. Name and Address of New Registered Agent						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324							Street Address (P.O. Box Number is Not Acceptable)						
						City				FL	Zip Code	e e	
8. The above	named entit	y submits this stateme	ent for the	ourpose of changing it	ts register	ed office or	r registere	d agent, or	both, in the State of	of Florida.			
SIGNATURE	Signature typed	or printed name of registered	agent and title	if applicable. (NO	TE: Registere	a Agent signati	ure required w	hen reinstating)	·	DATE		· ·	
Tax filing i	_	ible to satisfy its Intar and elects to do so.	gible	FILE NOW After May 1, 2 Make Check Pays	002 Fee	will be \$5	550.00 📆	^스테 '''	Election Campaigr Trust Fund Contrib			May Be I to Fees	
11. TITLE	MD	OFFICERS	AND DIRE	CTORS Delete	12.		1	ADDITION	NS/CHANGES TO	OFFICERS AN	D DIRECTORS Change	S IN 11 Addition	
NAME STREET ADDRESS CITY-ST-ZIP	DINERSTE 299 PARK	IN, ROBERT AVENUE K NY 10171		□ belele	NAM. STRE						Onlings	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		UIS AVENUE K NY 10171		☐ Oelete				-	, ,		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NEW TOTAL			☐ Delete	1		James 677 W	Petri Vashing	gton Blvd.		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete			Stami	OFG, (CT 06901		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		7,000		☐ Delete				<u>.</u>			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Celete							☐ Change	Addition	
indicated of the cor	on this report poration or the	t or supplemental rep ne receiver or trustee	ort is true : empowere	illing does not qualify frand accurate and that doesecute this report other like ampowered	my signat t as requir	ure shall hed by Cha	ave the sa apter 607, I	me legal ef Florida Stat	fect as if made un- utes; and that my r	der oath; that I	am an officer	or director	
SIGNAT	URE: _	SIGNATURE AND TYPE	OR PRINTEL	NAME OF SIGNING OFFICE	R OR DIRECT	<u> </u>	s Petr	rie	3/6/02		Daytime Phone #		



💸 UBS Warburg

UBS AG, Stamford Branch 677 Washington Boulevard, Stamford, CT 06901

Ms. Jane E. Nutson
UBS AG, Stamford Branch
677 Washington Blvd., 1-8-S
Stamford, CT 06901

