

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90101 038 ***150.00

PROFIT CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F98000005388

1. Corporation Name
SALOMON SMITH BARNEY INC.



Principal Place of Business
388 GREENWICH STREET
NEW YORK NY 10013

Mailing Address
388 GREENWICH STREET
NEW YORK NY 10013

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/25/1998

4. FEI Number
11-2418191

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
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29

7 World Trade Center
Tax Dept 28th fl.
New York, NY
10040

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
85 Zip Code
FL

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	PCD	<input checked="" type="checkbox"/> DELETE
NAME	STRAIN, DENISE	
STREET ADDRESS	399 PARK AVENUE 16TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10043	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	SERETHER, JEFFREY	
STREET ADDRESS	399 PARK AVENUE 16TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10043	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	POLIVY, PAUL	
STREET ADDRESS	399 PARK AVENUE 16TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10043	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Michael Carpenter	
1.3 STREET ADDRESS	300 Greenwich St.	
1.4 CITY-ST-ZIP	New York, NY 10013	
2.1 TITLE	EVD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Robert Kane	
2.3 STREET ADDRESS	250 West St.	
2.4 CITY-ST-ZIP	New York, NY 10013	
3.1 TITLE	EVD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	George Kohn	
3.3 STREET ADDRESS	7 World Trade Center	
3.4 CITY-ST-ZIP	New York, NY 10048	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Mark Khirman	
4.3 STREET ADDRESS	300 Greenwich St	
4.4 CITY-ST-ZIP	New York, NY 10013	
5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Joan Guggenheim	
5.3 STREET ADDRESS	300 Greenwich St.	
5.4 CITY-ST-ZIP	New York NY 10013	
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: George Kohn April 14, 1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
1st Vice Pres

CR2E034 (11/98)