

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005388

1. Entity Name  
**SALOMON SMITH BARNEY INC.**

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90013 040 \*\*\*150.00

Principal Place of Business      Mailing Address  
388 GREENWICH STREET      7 WORLD TRADE CTR  
NEW YORK NY 10013      TAX DEPT 28TH FL  
NEW YORK NY 10048-1102



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>11-2418191</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PCD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARPENTRY, MICHAEL			NAME	Carpenter, Michael		
STREET ADDRESS	388 GREENWICH ST			STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10013			CITY-ST-ZIP			
TITLE	EVP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KANE, ROBERT			NAME			
STREET ADDRESS	250 W ST			STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10013			CITY-ST-ZIP			
TITLE	EVP	<input type="checkbox"/> Delete		TITLE	FVP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KOHN, GEORGE			NAME			
STREET ADDRESS	7 WORLD TRADE CTR			STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10048			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KLEINMAN, MARK			NAME			
STREET ADDRESS	388 GREENWICH ST			STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10013			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GUGGENHEIMAN, JOAN			NAME			
STREET ADDRESS	388 GREENWICH ST			STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10013			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 empowered.

SIGNATURE: George Kohn      Date: 5/1/00      Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)