## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 28, 2002 8:00 am § Secretary of State BOCUMENT # F98000005388 1. Entity Name 05-28-2002 91499 035 \*\*\*150.00 SALOMON SMITH BARNEY INC. 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 2. Principal Place of Business Mailing Address **33**3° Suite, Apt. #, etc. Suite, Apt.#. etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 11-2418191 Not Applicable Zip Country Counti \$8.75 Additional 5. Certificate of Status Desired 1000 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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. П Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition TITLE **PCD** Delete TITLE NAME NAME CARPENTRY, MICHAEL STREET ADDRESS STREET ADDRESS 388 GREENWICH ST CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10013** ☐ Change Delete Addition NAME NAME KANE, ROBERT STREET ADDRESS STREET ADDRESS 250 W ST CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10013** ☐ Addition Change TITLE ☐ Delete TITLE **FVP** NAME NAME KOHN, GEORGE STREET ADDRESS STREET ADDRESS 7 WORLD TRADE CTR CITY-ST-ZIP CITY-ST-ZIE **NEW YORK NY 10048** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME KLEINMAN, MARK STREET ADDRESS STREET ADDRESS 388 GREENWICH ST CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10013** TITLE Delete TITLE Change ☐ Addition NAME NAME GUGGENHEIMAN, JOAN STREET ADDRESS 388 GREENWICH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10013** TITLE ☐ Delete TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

**FILED**