FILE NOW: FILING FEE AF R MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT 199

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 18, 2000 8:00 am
Secretary of State
05-18-2000 90286 048 ***150.00

A0001430

DOCUMENT # F98000006983

1. Corporation Name
Scudder Financial Services, Inc.

Principal Place of Business
Two International Place
Boston, MA 02110-4103

Mailing Address
Two International Place
9th Floor
Boston, MA 02110-4103

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12|23|1998

4. FEI Number: 04-3321099 — 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes XX No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 — Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 — Country 30

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 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 ____________________ DATE ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P D	DELETE
NAME	William F. Glavin	
STREET ADDRESS	Two International Place	
CITY-ST-ZIP	Boston, MA 02110-4103	
TITLE	V D	XX DELETE
NAME	Kathryn L. Quirk	
STREET ADDRESS	345 Park Avenue	
CITY-ST-ZIP	New York, NY 10154	
TITLE	D	☐ DELETE
NAME	Mark S. Casady	
STREET ADDRESS	Two International Place	
CITY-ST-ZIP	Boston, MA 02110-4103	
TITLE	AT D	☐ DELETE
NAME	Chris DeMaio	
STREET ADDRESS	345 Park Avenue	
CITY-ST-ZIP	New York, NY 10154	
TITLE	VP	☐ DELETE
NAME	Linda J. Wondrack	
STREET ADDRESS	Two International Place	
CITY-ST-ZIP	Boston, MA 02110-4103	
TITLE	CFO T	☐ DELETE
NAME	James J. McGovern	
STREET ADDRESS	345 Park Avenue	
CITY-ST-ZIP	New York, NY 10154	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		XX Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		Change ☐ 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.

SIGNATURE: [signature] — 4/18/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Linda J. Wondrack, Vice President