

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006983

1. Entity Name

SCUDDER FINANCIAL SERVICES, INC.

Principal Place of Business

TWO INTERNATIONAL PLACE
BOSTON MA 02110-4103

Mailing Address

TWO INTERNATIONAL PLACE
9 FL1
BOSTON MA 02110-4103

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

c/o Paula Gaccione

Suite, Apt. #, etc.

345 Park Avenue

City & State

New York, NY 10154

Zip

Country

US

4. FEI Number

04-3321099

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CASADY, MARK S	
STREET ADDRESS	TWO INTERNATIONAL PLACE	
CITY-ST-ZIP	BOSTON MA 02110-4103	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GALVIN, WILLIAM F	
STREET ADDRESS	TWO INTERNATIONAL PLACE	
CITY-ST-ZIP	BOSTON MA 02110-4103	
TITLE	ATD	<input type="checkbox"/> Delete
NAME	DEMAIO, CHRIS	
STREET ADDRESS	345 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY 10154-4103	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	JOSEPH, THOMAS W	
STREET ADDRESS	TWO INTERNATIONAL PLACE	
CITY-ST-ZIP	BOSTON MA 02110-4103	
TITLE	CFOT	<input type="checkbox"/> Delete
NAME	MCGOVERN, JAMES J	
STREET ADDRESS	345 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY 10154	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V/CLO/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Quirk, Kathryn L.	
STREET ADDRESS	345 Park Avenue	
CITY-ST-ZIP	New York, NY 10154	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wondrack, Linda J.	
STREET ADDRESS	Two International Place	
CITY-ST-ZIP	Boston, MA 02110	
TITLE	CCO/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donovan, M. Patrick	
STREET ADDRESS	Two International Place	
CITY-ST-ZIP	Boston, MA 02110	
TITLE	V/AT/COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harting, Karen G.	
STREET ADDRESS	42 Longwater Drive	
CITY-ST-ZIP	Norwell, MA 02061	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 recorder 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 to this report, with an other like endorsement.

SIGNATURE:

Kathryn L. Quirk

4/18/01

212-326-6357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)