

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90033 048 \*\*\*150.00

**DOCUMENT # F98000006983**

1. Entity Name  
**SCUDDER FINANCIAL SERVICES, INC.**

Principal Place of Business  
**TWO INTERNATIONAL PLACE  
 BOSTON MA 02110-4103**

Mailing Address  
**C/O PAULA GACCIONE  
 345 PARK AVENUE  
 NEW YORK NY 10154**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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**

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/VP</b>    	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/VP</b> <b>Linda C. Coughlin</b> <b>Two International Place</b> <b>Boston, MA 02110</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Paula M. Gaccione</b> <b>345 Park Avenue</b> <b>New York, NY 10154</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/AS</b>    	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Paula M. Gaccione*

**Paula M. Gaccione**

**1-17-2002 212-336-4625**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment

#F98000006983  
733253

**SCUDDER FINANCIAL SERVICES, INC.**  
**OFFICERS AND DIRECTORS**

	Name	Officer Title	Director
P/O	William F. Glavin Two International Place Boston MA 02110-4103	President	X
VP/D	Mark S. Casady Two International Place Boston MA 02110-4103	Vice President	X
VP/D	Linda C. Coughlin Two International Place Boston MA 02110-4103	Vice President	X
CFO/T	James J. McGovern 345 Park Avenue New York, NY 10154-0010	Chief Financial Officer and Treasurer	
S	Paula M. Gaccione 345 Park Avenue New York, NY 10154-0010	Secretary	
Coo/VP	M. Patrick Donovan Two International Place Boston MA 02110-4103	Chief Compliance Officer and Vice President	
VP/AS	Linda J. Wondrack Two International Place Boston MA 02110-4103	Vice President and Assistant Secretary	
VP	Rosemary Fairhead 7777 Bonhomme Avenue Suite 1400 St. Louis, MO 63105	Vice-President	
VP	Karen G. Harting Two International Place Boston MA 02110-4103	Vice President	
AT	James E. Keating 345 Park Avenue New York, NY 10054	Assistant Treasurer	

Attachment

Acknowledgement Copy

#F98000006983



733253

**ZURICH  
SCUDDER  
INVESTMENTS**

Uniform Business Report Filings  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

Date January 23, 2002

**Scudder Financial Services, Inc. (F98000006983)  
2002 Uniform Business Report (UBR)**

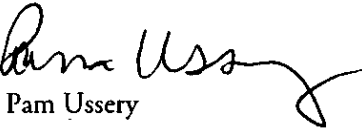
Dear Sir or Madam,

On behalf of Scudder Financial Services, Inc., enclosed please find a completed State of Florida 2002 UBR along with a check in the amount of \$150, representing the required filing fee.

Please acknowledge receipt of this filing by signing and returning the enclosed copy of this letter in the envelope provided. Should you require further information or have any questions regarding this filing, you may call me toll-free at 1-800-232-9727, x64667.

Thank you for your assistance.

Yours sincerely,

  
Pam Ussery

Zurich Scudder Investments  
Legal Department  
Paralegal

Enclosures

Zurich Scudder Investments  
Legal Department

345 Park Avenue  
New York, NY 10154  
USA

Phone 1 800 232 9727, x64667

Direct phone 212 336 4667

Direct fax 212 223 3127

E-Mail [pamela\\_ussery@scudder.com](mailto:pamela_ussery@scudder.com)

Please acknowledge receipt of this filing by signing and returning the "Acknowledgement Copy" of this letter in the envelope provided.

Received by:

Date:

Attachment  
# F98000006983  
733253



**ZURICH  
SCUDDER  
INVESTMENTS**

Uniform Business Report Filings  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

Date January 23, 2002

**Scudder Financial Services, Inc. (F98000006983)  
2002 Uniform Business Report (UBR)**

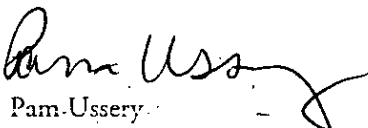
Dear Sir or Madam,

On behalf of Scudder Financial Services, Inc., enclosed please find a completed State of Florida 2002 UBR along with a check in the amount of \$150, representing the required filing fee.

Please acknowledge receipt of this filing by signing and returning the enclosed copy of this letter in the envelope provided. Should you require further information or have any questions regarding this filing, you may call me toll-free at 1-800-232-9727, x64667.

Thank you for your assistance.

Yours sincerely,

  
Pam. Ussery

Zurich Scudder Investments  
Legal Department  
Paralegal

Enclosures

Zurich Scudder Investments  
Legal Department

345 Park Avenue  
New York, NY 10154  
USA

Phone 1 800 232 9727, x64667

Direct phone 212 336 4667  
Direct fax 212 223 3127

E-Mail [pamela\\_ussery@scudder.com](mailto:pamela_ussery@scudder.com)

Please acknowledge receipt of this filing by signing and returning the "Acknowledgement Copy" of this letter in the envelope provided.

Received by: \_\_\_\_\_

Date: \_\_\_\_\_