

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90120 010 \*\*\*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**



2. Principal Place of Business

3. Mailing Address **c/o Pam Ussery  
345 Park Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State  
**New York, NY**

4. FEI Number **04-3321099**

Applied For  
Not Applicable

Zip

Country

Zip

**10154**

Country  
**US**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DVP CASADY, MARK S TWO INTERNATIONAL PLACE BOSTON MA 02110-4103</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD GALVIN, WILLIAM F TWO INTERNATIONAL PLACE BOSTON MA 02110-4103</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DVP COUGHLIN, LINDA C TWO INTERNATIONAL PLACE BOSTON MA 02110</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S GACCIONE, PAULA M 345 PARK AVENUE NEW YORK NY 10154</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CFOT MCGOVERN, JAMES J 345 PARK AVENUE NEW YORK NY 10154</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VAS WONDRACK, LINDA J TWO INTERNATIONAL PLACE BOSTON MA 02110</b> <input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D/VP/ Thomas F. Eggers 345 Park Ave. New York, NY 10154</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>William F. Glavin</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D/CFOT John W. Edwards, Jr. 60 Wall Street New York, NY 10005-2858</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S Caroline Pearson Two International Place Boston, MA 02110-4103</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP/CCO Michael Patrick Donovan Two International Place Boston, MA 02110-4103</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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: William F. Glavin**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/22/03 617 295 2034**  
Date Daytime Phone #

CR2E034 (10/02)

ATTACHMENT

22001490

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

Name	Officer Title	Director
Gloria S. Nelund 333 South Hope Street 37 <sup>th</sup> Floor Los Angeles, CA 90071-1470	President	X
Stephen Burke 280 Park Avenue New York, NY 10017	Vice President	X
Kurt P. Miscinski 345 Park Avenue New York, NY 10154-0010	Vice President	X
John W. Edwards, Jr. 60 Wall Street New York, NY 10005-2858	Chief Financial Officer and Treasurer	
William G. Butterly, III 345 Park Avenue New York, NY 10154-0010	Clerk	
Linda J. Wondrack Two International Place Boston, MA 02110-4103	Vice President and Chief Compliance Officer	
M. Patrick Donovan Two International Place Boston, MA 02110-4103	Vice President	
G. West Saltonstall Two International Place Boston, MA 02110-4103	Vice President	
John Hebble Two International Place Boston, MA 02110-4103	Assistant Treasurer	
Ann P. Burbank Two International Place Boston, MA 02110-4103	Assistant Clerk	
Philip J. Collora 222 South Riverside Plaza Chicago, IL 60606	Assistant Clerk	
Daniel J. Gillis Two International Place Boston, MA 02110-4103	Assistant Clerk	
Kevin G. Poole Two International Place Boston, MA 02110-4103	Assistant Clerk	

Doc # 835918