

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90011 005 \*\*\*550.00

**DOCUMENT # F99000001110**  
 1. Entity Name  
**BLYTH EASTMAN PAINE WEBBER SERVICING INC.**

Principal Place of Business      Mailing Address  
**1285 AVENUE OF THE AMERICAS**      ~~**1285 AVENUE OF THE AMERICAS**~~  
**NEW YORK NY 10019**      ~~**NEW YORK NY 10019-6028**~~

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

**1000 Harbor Blvd.**  
**Tax Dept. - 9<sup>th</sup> Fl.**  
**Weehawken, NJ**  
**07087**      **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For  
**13-3101832**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	PAI, DHANANJAY M	1285 AVENUE OF THE AMERICAS	NEW YORK NY	<input type="checkbox"/>
VAT	ZURKOW, PETER	1285 AVENUE OF THE AMERICAS	NEW YORK NY	<input checked="" type="checkbox"/>
T	NOLAN, WILLIAM J	1285 AVENUE OF THE AMERICAS	NEW YORK NY	<input type="checkbox"/>
S	MCLAUGHLIN, EILEEN	1285 AVENUE OF THE AMERICAS	NEW YORK NY	<input type="checkbox"/>
AS	BANYAI, GERALDINE L	1285 AVENUE OF THE AMERICAS	NEW YORK NY	<input type="checkbox"/>
AS	HAUGHEY, DOROTHY F	1285 AVENUE OF THE AMERICAS	NEW YORK NY	<input checked="" type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
AT	Kenneth Levine	1000 Harbor Blvd	Weehawken, NJ 07087	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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: Kenneth Levine      Date: 5-9-00      Daytime Phone #: (201) 352-4323

CR 2E034 (9/93)