

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

|                                          |                                                                                   |
|------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT #</b> <i>MO2 - 2814</i>      |  |
| <b>1. Entity Name</b><br>UBS Warburg LLC |                                                                                   |

**FILED**

03 APR 16 PM 2:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

**300016090463**  
04/16/03--01016--014 \*\*50.00

DO NOT WRITE IN THIS SPACE

|                                                                                      |                             |                                                                          |                             |
|--------------------------------------------------------------------------------------|-----------------------------|--------------------------------------------------------------------------|-----------------------------|
| <b>2. Principal Place of Business</b><br>677 Washington Blvd.<br>Suite, Apt. #, etc. |                             | <b>3. Mailing Address</b><br>677 Washington Blvd.<br>Suite, Apt. #, etc. |                             |
| <b>City &amp; State</b><br>Stamford, CT                                              |                             | <b>City &amp; State</b><br>Stamford, CT                                  |                             |
| <b>Zip</b><br>06901                                                                  | <b>Country</b><br>Fairfield | <b>Zip</b><br>06901                                                      | <b>Country</b><br>Fairfield |
| <b>4. FEI Number</b><br>13-3873456                                                   |                             | <b>Applied For</b><br><input type="checkbox"/> Not Applicable            |                             |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>                     |                             | <b>\$5.00 Additional Fee Required</b>                                    |                             |

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name**  
Corporation Service Company  
**Street Address (P.O. Box Number is Not Acceptable)**  
1201 Hays Street

**City** Tallahassee **FL** **Zip Code** 32301-2525

**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.

DATE

**FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**DUE BY MAY 1**

| <b>9. MANAGING MEMBERS/MANAGERS</b> |                      |                             |                       |
|-------------------------------------|----------------------|-----------------------------|-----------------------|
| <b>TITLE</b>                        | <b>NAME</b>          | <b>STREET ADDRESS</b>       | <b>CITY-ST-ZIP</b>    |
| Manager                             | John P. Costas       | 677 Washington Blvd.        | Stamford, CT 06901    |
| Manager                             | Robert C. Dinerstein | 299 Park Avenue             | New York, NY 10171    |
| Manager                             | Michael Hutchins     | 1285 Avenue of the Americas | New York, NY 10019    |
| Manager                             | Huw Jenkins          | 677 Washington Blvd.        | Stamford, CT 06901    |
| Manager                             | Robert B. Mills      | 677 Washington Blvd.        | Stamford, CT 06901    |
| Manager                             | Kenneth Moelis       | 1999 Ave. of the Stars      | Los Angeles, CA 90067 |

**DO NOT WRITE IN THIS SPACE**

**11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

**SIGNATURE:** *Jane E. Nutson* **Jane E. Nutson, Authorized Representative**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

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SECRETARY OF STATE  
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| <b>DOCUMENT #</b><br>1. Entity Name<br>UBS Warburg LLC |  |
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| <b>2. Principal Place of Business</b><br>677 Washington Blvd.<br>Suite, Apt. #, etc. |                      | <b>3. Mailing Address</b><br>677 Washington Blvd.<br>Suite, Apt. #, etc. |                      |
| City & State<br>Stamford, CT                                                         |                      | City & State<br>Stamford, CT                                             |                      |
| Zip<br>06901                                                                         | Country<br>Fairfield | Zip<br>06901                                                             | Country<br>Fairfield |

DO NOT WRITE IN THIS SPACE

|                                                                  |  |                                                               |  |
|------------------------------------------------------------------|--|---------------------------------------------------------------|--|
| <b>4. FEI Number</b><br>13-3873456                               |  | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> |  | <b>\$5.00 Additional Fee Required</b>                         |  |

|                                   |                                                                        |    |                        |
|-----------------------------------|------------------------------------------------------------------------|----|------------------------|
| <b>DO NOT WRITE IN THIS SPACE</b> | <b>7. Name and Address of Current Registered Agent</b>                 |    |                        |
|                                   | Name<br>Corporation Service Company                                    |    |                        |
|                                   | Street Address (P.O. Box Number is Not Acceptable)<br>1201 Hays Street |    |                        |
|                                   | City<br>Tallahassee                                                    | FL | Zip Code<br>32301-2525 |

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

|                                                                                                          |
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| <b>FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>DUE BY MAY 1</b> |
|----------------------------------------------------------------------------------------------------------|

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                                  |                                                |                                   |
|------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Manager<br>John P. Costas<br>677 Washington Blvd.<br>Stamford, CT 06901          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Manager<br>Robert C. Dinerstein<br>299 Park Avenue<br>New York, NY 10171         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Manager<br>Michael Hutchins<br>1285 Avenue of the Americas<br>New York, NY 10019 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DO NOT WRITE IN THIS SPACE</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Manager<br>Huw Jenkins<br>677 Washington Blvd.<br>Stamford, CT 06901             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Manager<br>Robert B. Mills<br>677 Washington Blvd.<br>Stamford, CT 06901         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Manager<br>Kenneth Moelis<br>1999 Ave. of the Stars<br>Los Angeles, CA 90067     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  **Jane E. Nutson, Authorized Representative**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)



**UBS AG**  
**Stamford Branch**  
677 Washington Boulevard  
Stamford, CT 06901  
Telephone 203 719-3000  
[www.ubswarburg.com](http://www.ubswarburg.com)

April 8, 2003

**VIA OVERNIGHT DELIVERY**

Division of Corporations  
• Registration Section  
• 409 E. Gaines Street  
• Tallahassee, FL 32399

Re: UBS Warburg LLC

Gentlemen:

Enclosed, in duplicate, please find the State of Florida's Limited Liability Company Uniform Business Report for the above-referenced limited liability company for filing. Attached is check #579811 in the amount of \$50.00 to cover the required filing fee.

Please file the enclosed document as soon as possible. Please have the duplicate copy of the report stamped with the filing date and return it to the attention of the undersigned as evidence of filing.

If you have any questions concerning the enclosed filing, please contact the undersigned at 203-719-8944.

Your attention to this matter is greatly appreciated.

Very truly yours,

A handwritten signature in black ink, appearing to read "Jane E. Nutson".

Jane E. Nutson  
Associate Director

Encs.