

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000052

1. Entity Name

PRICewaterhouseCOOPERS INVESTMENT ADVISERS LLC

Principal Place of Business

Mailing Address

1301 Avenue of the Americas  
New York, NY 10019

FILED

01 MAR 13 PM 4:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

New York

3. Mailing Address

1301 Avenue of the Americas

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

New York, NY 10019

4. FEI Number

52-1951525

Applied For

Not Applicable

Zip

Country

U.S.A.

Zip

10019

Country

5. Certificate of Status Desired ☒

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

Corporation Service Company  
1201 Hays Street  
Tallahassee, FL 32301

7. Name and Address of New Registered Agent

Name N/A

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.

**BRIAN COURTNEY, ASST. VP.**

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/23, 2001

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE President ☐ Delete  
NAME Michael Kennedy  
STREET ADDRESS 1301 Avenue of the Americas  
CITY-ST-ZIP New York, NY 10019

TITLE Secretary ☐ Delete  
NAME Sean Samperi  
STREET ADDRESS 1301 Avenue of the Americas  
CITY-ST-ZIP New York, NY 10019

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 800003891168-3  
STREET ADDRESS -03/21/01--01106--008  
CITY-ST-ZIP \*\*\*\*\*55.00 \*\*\*\*\*55.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

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

Bernard Palmer, President

3/12, 2001

Date

(212) 259-2743

Daytime Phone #

CR2E083 (11/00)