FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21 1997 8:00am
Secretary of State

DOCUMENT # **P06561** **(5)**

1. Corporation Name
SCUDDER, STEVENS & CLARK, INC.

Principal Place of Business	Mailing Address
345 PARK AVE 345 PARK AVE. NEW YORK NY 10154-010 US	27 TWO INTERNATIONAL PLACE, 6TH BOSTON MA 02110-4104 US

3. Date Incorporated or Qualified: 06/26/1985
3a. Date of Last Report: 04/16/1996

2. Principal Place of Business
21 _____
Suite, Apt. #, etc.
22 _____
City & State
23 _____
Zip 24 _____ Country 25 _____

2a. Mailing Address
26 Kathryn L. Quirk
Suite, Apt. #, etc.
27 345 Park Avenue
City & State
28 New York, NY 10154
Zip 29 10154 Country 30 USA

4. FEI Number: 13-3241232 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **N/A** DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	S	☐ Change ☒ Addition
NAME	VILLANI, EDMOND, D		1.2 NAME	Kathryn L. Quirk	
STREET ADDRESS	1230 GREACEN POINT RD		1.3 STREET ADDRESS	345 Park Avenue	
CITY-ST-ZIP	MAMARONECK NY		1.4 CITY-ST-ZIP	New York, NY 10154	
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	O'BRIEN, THOMAS H.		2.2 NAME		
STREET ADDRESS	578 SYLVAN RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	RIVER VALE NJ		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LEE, DAVID S. (ASST)		3.2 NAME		
STREET ADDRESS	27 LAUREL ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	CHESTNUT HILL MA		3.4 CITY-ST-ZIP		
TITLE	C	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PIERCE, DANIEL		4.2 NAME		
STREET ADDRESS	354 WESTFIELD		4.3 STREET ADDRESS		
CITY-ST-ZIP	DEDHAM MA		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BECKWITH, STEPHEN R.		5.2 NAME		
STREET ADDRESS	1115 FIFTH AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BIRDSONG, LYNN S.		6.2 NAME		
STREET ADDRESS	60 FAIRWAY AVE.		6.3 STREET ADDRESS		
CITY-ST-ZIP	RYE NY		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] SIGNATURE REQUIRED 4/8/97 212-326-6201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0000137