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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06561

1. Corporation Name
SCUDDER, KEMPER INVESTMENTS, INC.

Principal Place of Business	Mailing Address
345 PARK AVE 345 PARK AVE. NEW YORK NY 10154-010 US	QUIRK, KATHRYN. L 345 PARK AVE NEW YORK NY 10154 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/26/1985	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 13-3241232	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property Tax.	☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 _____ 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	VD	☐ Change XX Addition
NAME	VILLANI, EDMOND		1.2 NAME	Cornelia M. Small	
STREET ADDRESS	1230 GREACEN POINT RD		1.3 STREET ADDRESS	345 Park Ave.	
CITY-ST-ZIP	MAMARONECK NY		1.4 CITY-ST-ZIP	New York, NY 10154	
TITLE	T	☐ DELETE	2.1 TITLE	D	☐ Change XX Addition
NAME	BECKWITH, STEPHEN R		2.2 NAME	Gose, Gunther	
STREET ADDRESS	1115 FIFTH AVE		2.3 STREET ADDRESS	44 Feldstrasse	
CITY-ST-ZIP	NEW YORK NY		2.4 CITY-ST-ZIP	Herrliberg, Switzerland	
TITLE	S	☐ DELETE	3.1 TITLE	D	☐ Change XX Addition
NAME	QUIRK, KATHRYN L		3.2 NAME	Cheng, Laurence	
STREET ADDRESS	345 PARK AVE		3.3 STREET ADDRESS	c/o Zurich Centre Group, One CMP	
CITY-ST-ZIP	NEW YORK NY		3.4 CITY-ST-ZIP	New York, NY 10005	
TITLE	C	☐ DELETE	4.1 TITLE	D	☐ Change XX Addition
NAME	HUPPI, ROLF		4.2 NAME	Bolinder, William H.	
STREET ADDRESS	% ZURICH INS. CO, MYTHENQUAI 2, POB		4.3 STREET ADDRESS	309 White Oak Line	
CITY-ST-ZIP	ZURICH, SWITZERLAND CH-8022		4.4 CITY-ST-ZIP	Barrington, IL	
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		

14. 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 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, with all other like empowered.

SIGNATURE: [signature] 4/13/99 212-326-6201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)