## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # P06561** May 17, 2000 8:00 am Secretary of State 1. Entity Name SCUDDER, KEMPER INVESTMENTS, INC. 05-17-2000 90960 005 \*\*\*150.00 Principal Place of Business Mailing Address 345 PARK AVE QUIRK, KATHRYN, L 345 PARK AVE. 345 PARK AVE NEW YORK NY 10154-010 NEW YORK NY 10154-0004 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 13-3241232 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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 WINNERS OF SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. XX Addition PD Delete TITLE TITLE VILLANI, EDMOND NAME NAME Gose, Gunther 1230 GREACEN POINT RD STREET ADDRESS STREET ADDRESS 44 Feldstrasse Herrliberg, Switzerland CITY-ST-ZIP CITY-ST-ZIP MAMARONECK NY Addition XX Delete Change TITLE BECKWITH, STEPHEN R NAME NAME Cheng, Laurence 1115 FIFTH AVE STREET ADDRESS STREET ADDRESS c/o Zurich Centre Group, One CMP CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY** New York, NY 10005 Change XX Addition ☐ Delete TITLE TITLE QUIRK KATHRYN L NAME NAME Bolinder, William H. STREET ADDRESS STREET ADDRESS 345 PARK AVE 309 White Oak Line CITY-ST-ZIP **NEW YORK NY** CITY-ST-ZIP Barrington, IL Change XX Addition TITLE ☐ Delete HUPPI, ROLF NAME Kahn, Harold STREET ADDRESS % ZURICH INS. CO, MYTHENQUAI 2, POB STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ZURICH, SWITZERLAND CH-8022** XX<sub>Delete</sub> ☐ Change Addition TITLE TITLE BECKWITH, STEPHEN R. NAME NAME STREET ADDRESS STREET ADDRESS 1115 FIFTH AVE CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY** Change ■ Addition Delete TITLE TITLE BIRDSONG, LYNN S. NAME NAME STREET ADDRESS 60 FAIRWAY AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RYE NY

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 any address, with all other like empowered.

SIGNATURE:

\_\_\_\_

26-620

Daytime Phone #