


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 14, 1999 8:00 am  
Secretary of State

05-14-1999 90003 003 \*\*\*450.00



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P12473					
1. Corporation Name SENIOR INCOME FUND INC.					
Principal Place of Business 3 WORLD FINANCIAL CENTER 29TH FLOOR NEW YORK NY 10285 US			Mailing Address FIRST DATA INVESTOR SERVICES GROUP P.O. BOX 1527 BOSTON MA 02104 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26 101 HUDSON STREET		12/11/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27 39TH FLOOR		13-3377742	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28 JERSEY CITY NJ		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		29 07302		30 US	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
THE PRENTICE HALL CORPORATION SYSTEM INC 1201 HAYS STREET TALLAHASSEE FL 32301			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			FL		
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					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE DP <input checked="" type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME BRAVER, MOSHE					
1.3 STREET ADDRESS 3 WORLD FINANCIAL CENTER-29TH FLOOR					
1.4 CITY-ST-ZIP NEW YORK NY					
2.1 TITLE S <input checked="" type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME MANSON, KAREN					
2.3 STREET ADDRESS 3 WORLD FINANCIAL CENTER-29TH FLOOR					
2.4 CITY-ST-ZIP NEW YORK NY					
3.1 TITLE T <input checked="" type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME SILVERMAN, MARC					
3.3 STREET ADDRESS 3 WORLD FINANCIAL CENTER-29TH FLOOR					
3.4 CITY-ST-ZIP NEW YORK NY 10285					
4.1 TITLE AT <input type="checkbox"/> DELETE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
4.2 NAME BANNON, EILEEN					
4.3 STREET ADDRESS 3 WORLD FINANCIAL CENTER, 29TH FLOOR					
4.4 CITY-ST-ZIP NEW YORK NY					
5.1 TITLE AT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME KATHRYN M. BOPP FLYNN					
5.3 STREET ADDRESS 101 HUDSON STREET					
5.4 CITY-ST-ZIP JERSEY CITY, NJ 07302					
6.1 TITLE VP <input type="checkbox"/> DELETE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME OSTON, LAWRENCE					
6.3 STREET ADDRESS 3 WORLD FINANCIAL CENTER-29TH FLOOR					
6.4 CITY-ST-ZIP NEW YORK NY 10285					

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:  ASSISTANT SECRETARY 04/20/99 (212) 526-2327

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)