

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2001 8:00 am**  
**Secretary of State**

05-05-2001 90322 001 \*\*\*900.00

0573493

**DOCUMENT # P12473**

1. Entity Name

**SENIOR INCOME FUND INC.**

Principal Place of Business

**3 WORLD FINANCIAL CENTER  
 29TH FLOOR  
 NEW YORK NY 10285  
 US**

Mailing Address

**101 HUDSON ST  
 39TH FLOOR  
 JERSEY CITY NJ 07302  
 US**

**40933**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-3377742**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE HALL CORPORATION SYSTEM INC  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301**

Name

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	DP MARRON, MICHAEL T	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3 WORLD FINANCIAL CENTER-29TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE NAME	S MARRE, JENNIFER	<input type="checkbox"/> Delete
STREET ADDRESS	3 WORLD FINANCIAL CENTER-29TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE NAME	AS BANNON, EILEEN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3 WORLD FINANCIAL CENTER, 29TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10285	
TITLE NAME	AT FLYNN, KATHRYN M	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	101 HUDSON ST	
CITY-ST-ZIP	JERSEY CITY NJ 07302	
TITLE NAME	VP OSTOW, LAWRENCE M	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3 WORLD FINANCIAL CENTER-29TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10285	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	DP ROCCO F ANDRIOLA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3WORLD FINANCIAL CENTER - 29TH FLOOR	
CITY-ST-ZIP	NEW YORK, N.Y 10285	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	AC BARRY J. O'BRIEN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	101 HUDSON STREET, - 39TH FLOOR	
CITY-ST-ZIP	JERSEY CITY, NJ 07302	
TITLE NAME	T IAN T. LOWITT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3WORLD FINANCIAL CNTR - 29TH FLOOR	
CITY-ST-ZIP	NEW YORK, N.Y 10285	
TITLE NAME	VP ANDRE J ANDERSON	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3WORLD FINANCIAL CNTR.	
CITY-ST-ZIP	NEW YORK, N.Y. 10285	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Assistant Controller*

4-30-01

(201) 524-5823

Date

Daytime Phone #

CR2E034 (10/00)