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2002 UNIFORM BUSINESS REPORT (UBR)

			121 (001)	•			
DOCUMENT # P12473					FILED		
I. Limity (4a)	ille				02 APR 30 PM 12	: 55	
Senior Income Fund Inc.					•	_	
Principal Place of Business Mailing Address					SECRETARY OF STATE TALLAHASSEE, FLORIDA		
3 World Financial Center 101 Hudson Stre New York, NY 10285 39th FL			reet		IALLAHASSEE, FL	ORIDA	
Jersey City,NJ 07302							
2. Principal Place of Business 3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State		- 1	El Number - 3 3 7 7 7 4 2	Applied For Not Applicable	
Zip	Country	Zip	Country		artificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Curren	t Registered Agent	Name	7. Na	me and Address of New Registered		
The Prentice-Hall Corporation System				Street Address (P.O. Box Number is Not Acceptable)			
1201 Hays Street							
Tallahassee, FL 32301-2525			City	City Zip Code			
8. The above named entity submits this statement for the purpose of changing its reg			ng its registered offic	FL) '			
SIGNATURE							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
9 This come	pration is eligible to satisfy its Intang	FILE NOW	!!! FEE IS \$150.0				
Tax filing r	equirement and elects to do so.	After MAY 1, 20	01 Fee will be \$5	50.00	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be	
	ria on back)	Make Check Payat	ole to Departmen	t of State	reast Fund Contribution.	Added to Fees	
11. ππ.ε	OFFICERS AND		12.	ADDITI	ONS/CHANGES TO OFFICERS AND		
NAME	P Delete TITE ROCCO F. Andriola				, .	Change Addition	
STREET ADDRESS	500		STREET ADDRESS			Ü	
CITY - ST,- ZIP			CITY - ST - ZIP			382	
TITLE	Assistant Control	ler Delete	TITLE			Change Addition	
NAME STREET ADDRESS	Barry J. O'Brien		NAME				
CITY - ST - ZIP	101 Hudson St. Jersey City, NJ 07	72.00	STREET ADDRESS CITY - ST - ZIP				
TITLE	T	7 3 0 2 Delete	TITLE		· · · · ·	Change Addition	
NAME	Ian T. Lowitt	Ш	NAME		. 80000550 ⁴	□ ' □ 	
STREET ADDRESS	_ 5 WOILD FINANCIAL CENTER			entermente de la companion de		4628W -01006012	
CITY - ST - ZIP	New York NY 10285		CITY - ST : ZIP		****368.80		
TITLE NAME	S Jennifer S. Marre	Delete	TITLE NAME	· - 4 7		Change Addition	
STREET ADDRESS	3 World Financial	Center	STREET ADDRESS			}	
CITY - ST - ZIP	New York, NY 10285		CITY - ST - ZIP				
TITLE	D	Delete	TITLE		-	Change Addition	
NAME	Rocco F. Andriola	_	NAME		λ //α '		
STREET ADDRESS CITY - ST - ZIP	3 WOLLD FINANCIAL CENTER				\\h <u>\</u> \\\		
TITLE	New York, NY 10285		CITY - ST - ZIP		N ₁₀		
NAME	V Andre' J. Anderson	Delete	TITLE NAME		\mathcal{I}	Change Addition	
STREET ADDRESS	3 World Financial		STREET ADDRESS		Ψ		
CITY - ST - ZIP	New York, NY 10285		CITY - ST - ZIP		1		
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 op any attachment with an address, with all other like empowered.							
in block 11 of block 12 in changed, or of an attachment with an address, with all other like empowered.							
SIGNATURE: Assistant Controller 4/24/02 (201)524-5822 SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #							
		////			Date Da	ylime Phone #	

STF FL32381F.1