

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P25632** (1)

1. Corporation Name

MORGAN STANLEY & CO. INCORPORATED

Principal Place of Business

**1585 BROADWAY
NEW YORK NY 10036
US**

Mailing Address

**1251 AVENUE OF THE AMERICAS
TAX DEPT. - 21ST FLOOR
NEW YORK NY 10020
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/16/1989

4. FEI Number

13-2655998

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution ☐

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

24

2a. Mailing Address

26 **1221 Avenue of the Americas**

Suite, Apt. #, etc.

27 **Tax Department-23rd Floor**

City & State

28 **New York, New York**

Zip

29 **10020**

Country

30 **US**

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FISHER, RICHARD B	
STREET ADDRESS	1585 BROADWAY	
CITY-ST-ZIP	NEW YORK NY	

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MACK, JOHN	
STREET ADDRESS	1585 BROADWAY	
CITY-ST-ZIP	NEW YORK NY	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BIGGS, BARTON M	
STREET ADDRESS	1585 BROADWAY	
CITY-ST-ZIP	NEW YORK NY	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SANDBERG, BRUCE	
STREET ADDRESS	1221 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10020	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ALLWIN, JAMES M.	
STREET ADDRESS	1585 BROADWAY	
CITY-ST-ZIP	NEW YORK NY	

TITLE	AS	<input type="checkbox"/> DELETE
NAME	PELLECCHIO, RALPH L	
STREET ADDRESS	1221 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10020	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	P
2.3 STREET ADDRESS	Karches, Peter F.
2.4 CITY-ST-ZIP	1585 Broadway New York, New York

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Principal
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	S
6.3 STREET ADDRESS	
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.

SIGNATURE:

[Signature]

4/24/98

(24) 762-6904

CP2E034 (10/97)