

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**  
 05-11-2001 90122 029 \*\*\*150.00

**DOCUMENT # P25632**

1. Entity Name

**MORGAN STANLEY & CO., INC**

Principal Place of Business

Mailing Address

**1585 BROADWAY  
 NEW YORK, NY 10036  
 US**

**1221 AVENUE OF THE AMERICAS  
 c/o Morgan Stanley Tax-23rd FL.  
 New York, NY 10020  
 US**

**A0063743**

2. Principal Place of Business

3. Mailing Address

**c/o MORGAN STANLEY TAX -23rd FL.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**1221 Avenue of the Americas**

DO NOT WRITE IN THIS SPACE

City & State

City & State

**New York, NY 10020**

4. FEI Number

**13-2655998**

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

**CT CORPORATION SYSTEM  
 1299 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

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 **D** ☐ Delete  
 NAME **Kempton Jr., Donald G.**  
 STREET ADDRESS **1585 BROADWAY**  
 CITY-ST-ZIP **NEW YORK NY**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **P** ☐ Delete  
 NAME **VACANT**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **BIGGS, BARTON M.**  
 STREET ADDRESS **1585 BROADWAY**  
 CITY-ST-ZIP **NEW YORK NY**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP** ☐ Delete  
 NAME **Lou Palladino**  
 STREET ADDRESS **1221 Avenue of the Americas**  
 CITY-ST-ZIP **NEW YORK NY**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **Newhouse, Stwphan F.**  
 STREET ADDRESS **1585 BROADWAY**  
 CITY-ST-ZIP **NEW YORK NY**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S** ☐ Delete  
 NAME **Pellechio, Ralph L.**  
 STREET ADDRESS **1585 BROADWAY**  
 CITY-ST-ZIP **NEW YORK NY**

TITLE ☐ Change ☐ Addition  
 NAME  
 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 another like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Lou Palladino 4/18/2001 (212) 762-6909**

Date

Daytime Phone #

CR2E034 (11/00)