## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## FILED May 01, 2002 8:00 am Secretary of State

DOCU 1. Entity Nar	IMENT# P25	632 L			05-01-20	02 91562 008 ****150.00
Mor	gan Stanley & Co.,	Inc.				
	DO NOT WRIT	E IN THIS S	PACE		 	·
2. Principal Place of Business 1585 Broadway		3. Mailing Address 1221 Avenue of the Americas				
Suite, Apt. #. etc.		Suite, Apt. #, etc. 23rd Floor-Tax		DO NOT WRITE IN THIS SPACE		
CityNeWteYork, NY		City & StateNew York, NY		4. FEI Number 13-2655998	Applied For Not Applicab	
Zip 10036 Country		<sup>z</sup> P0020	Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
			-		7. Name and Address of Curren	t Registered Agent
	DO NOT W	/P) (************************************	'	Name CT	Corporation Syste	em
DO NOT WRITE				Street Address (P.O. Box Number is Not Acceptable) 1299 S.Pine Island Road		
	IN THIS S	PACE	F		1299 S.Pine	e Island Road
			•		1	
				City Plantation FL Zip Code33324		
8. The above	named entity submits this statement	for the ournose of changing is	s registered	office or registers	od agant or both in the Current Ci	• - }
	,	and purpose of strainging in	a rogisici ca i	onice or registere	ed agent, or both, in the state of Fi	orga.
SIGNATURE.	Signature, typed or printed name of registered age	nt and title if applicable. (NO	TE: Registered Ap	ent signature required	when rejustation)	DATE
A TI:					walking	DAIL
9. This corpo	oration is eligible to satisfy its Intangib requirement and elects to do so.	Anter Ma	/ 1. Fee is \$	550.00	10. Election Campaign Fi	nancing _ \$5.00 May Be
	ia on back)	Amend Make Check Paya	d UBR is \$	61.25	Trust Fund Contribution	on.   Added to Fees
11,	OFFICERS ANI		Jie to Depa	irunein or stat		
TITLE	C/D		TITLE		<del></del>	
NAME	Joseph R. Perella		NAME	i ·		
STREET ADDRESS	1585 Broadway	•	STREET AL	DDRESS		$e^{-\epsilon}$
CITY-ST-ZIP	New York, NY 1003	6	CITY-ST-	ZIP		
TITLE	P/D		MLE			
NAME STREET ADDRESS	Stephen F Newhous	e	NAME		· · · · · · · · · · · · · · · · · · ·	
CITY-ST-ZIP	1585 Broadway, Ne		STREET AL			
TITLE	S/D			ZIP		f .
NAME.	Ralph L Pellecchi	0	TITLE NAME		·	*
STREET ADDRESS	1585 Broadway, Ne			DRESS	·	
CITY-ST-ZIP		" 101 <sub>1</sub> 1, 111 1005	CITY-ST-		DO NOT	WRITE
TITLE	T		TITLE			
NAME	Alexander C FRank		NAME		IN THIS	SPACE
STREET ADDRESS	1221 6th Avenue,		STREET AD	DORESS		•
CITY+ST-ZIP	New York, NY 1002	0	CITY#\$1-2	ne .		
TITLE	D		TITLE			:
NAME STREET ADDRESS	Philip J Purcell		NAME			* · · · · · · · · · · · · · · · · · · ·
STREET ADDRESS CITY-ST-ZIP	1585 Broadway, New	w York, NY 1003	6 STREET AD			
TITLE	D		CITY-ST-Z	ar e		
NAME .	-		TITLE '			
STREET ADDRESS	Eileen K Murray	v Vomic NV 1000	NAME  STREET AD	DRESS		S
CITY-SI-ZIP	1585 Broadway, New	w TOEK, NI 1003	CITY-ST-Z		. **	* *
13. Thereby ce	ertify that the information supplied with	this filing does not qualify fo	the exemption	on stated in Sect	ion 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 logal 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 on an attachment with an address, with all other like empowered.

Alexander C Frank

Treasurer

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #