

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000005268

**Entity Name:** MORGAN STANLEY SERVICES GROUP INC.

**Current Principal Place of Business:**

1585 BROADWAY  
NEW YORK, NY 10036

**FILED**  
**May 27, 2020**  
**Secretary of State**  
**1582322837CC**

**Current Mailing Address:**

1585 BROADWAY  
NEW YORK, NY 10036 US

**FEI Number: 26-0116361**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title ASSISTANT SECRETARY  
Name DUGAN, MARGARET T.  
Address 1585 BROADWAY  
City-State-Zip: NEW YORK NY 10036

Title SECRETARY  
Name COHEN, MARTIN  
Address 1585 BROADWAY  
City-State-Zip: NEW YORK NY 10036

Title VP  
Name D'AURIA, JOSEPH  
Address 1585 BROADWAY  
City-State-Zip: NEW YORK NY 10036

Title ASSISTANT TREASURER  
Name MOONEY, KEVIN P.  
Address 1585 BROADWAY  
City-State-Zip: NEW YORK NY 10036

Title TREASURER  
Name RIOS, ANITA  
Address 1585 BROADWAY  
City-State-Zip: NEW YORK NY 10036

Title VP  
Name TAYLOR, JESSICA  
Address 1585 BROADWAY  
City-State-Zip: NEW YORK NY 10036

Title VP  
Name PALLADINO, LOUIS A. JR.  
Address 1585 BROADWAY  
City-State-Zip: NEW YORK NY 10036

Title VP  
Name AARON, DEBRA  
Address 1585 BROADWAY  
City-State-Zip: NEW YORK NY 10036

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MARGARET T. DUGAN**

**ASSISTANT SECRETARY 05/27/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            PRESIDENT  
Name            MOGENSEN, HARVEY BERTRAM  
Address         1585 BROADWAY  
City-State-Zip: NEW YORK NY 10036

Title            DIRECTOR  
Name            MOGENSEN, HARVEY BERTRAM  
Address         1585 BROADWAY  
City-State-Zip: NEW YORK NY 10036

Title            DIRECTOR  
Name            TAYLOR, JESSICA  
Address         1585 BROADWAY  
City-State-Zip: NEW YORK NY 10036

Title            DIRECTOR  
Name            AARON, DEBRA  
Address         1585 BROADWAY  
City-State-Zip: NEW YORK NY 10036