


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90115 019 ***150.00

DOCUMENT # 819220

1. Entity Name
KIDDER, PEABODY & CO., INCORPORATED




Principal Place of Business
**800 HARBOR BLVD.
 WEEHAWKEN, NJ 07086 US**

Mailing Address
**800 HARBOR BLVD.
 TAX DEPT. 1ST. FLOOR
 WEEHAWKEN, NJ 07086 US**

DO NOT WRITE IN THIS SPACE

400000



04142008 No Chg-P CR2E034 (11/05)

4. FEI Number 13-5650440	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMAPNY
 1201 HAYS ST.
 TALLAHASSEE, FL 32301**

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERKOWITZ, HANNAH 800 HARBOR BLVD. WEEHAWKEN, NJ 07086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHERSI, ROBERT J 800 HARBOR BLVD. WEEHAWKEN, NJ 07086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT DEVICO, LOUIS 800 HARBOR BLVD. WEEHAWKEN, NJ 07086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BOROVOY, RICHARD P 800 HARBOR BLVD. WEEHAWKEN, NJ 07086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAINSBERT, AMY 800 HARBOR BLVD. WEEHAWKEN, NJ 07086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREY, WILLIAM 800 HARBOR BLVD. WEEHAWKEN, NJ 07086

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:  **4/18/08** (201) 352-0559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #