

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91440 025 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 823791

1. Entity Name
UBS PAINWEBBER INC.



Principal Place of Business
**% TAX DEPARTMENT, 9TH FLOOR
 1000 HARBOR BLVD
 WEEHAWKEN, NJ 07087**

Mailing Address
**% TAX DEPARTMENT, 9TH FLOOR
 1000 HARBOR BLVD
 WEEHAWKEN, NJ 07087**

2. Principal Place of Business
800 Harbor Blvd

3. Mailing Address
800 Harbor Blvd

Suite, Apt. #, etc.
Tax Dept 1st Floor

City & State
Weehawken NJ

Zip
07086

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number
13-2638166

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent
 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. 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 \$160.00
 After May 1, 2003 Fee will be \$650.00
 Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP LEVINE, KENNETH 1000 HARBOR BLVD. WEEHAWKEN, NJ 07087 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 800 Harbor Blvd
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRANO, JOSEPH 1000 HARBOR BLVD 9TH FL WEEHAWKEN, NJ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Chairman 800 Harbor Blvd
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAUM, STEVEN P. 1000 HARBOR BLVD 9TH FL WEEHAWKEN, NJ 07087 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition First Vice President Lou DeVito 800 Harbor Blvd weehawken, NJ 07086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SILVER, ROBERT H. 1000 HARBOR BLVD 9TH FL WEEHAWKEN, NJ 07087 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 800 Harbor Blvd
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] **201-352-0559**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

UBS PAINWEBBER INC.

ATTACHMENT
823791/80113270

* 800 Harbor Boulevard * Tax Dept-1st Floor * Weehawken, NJ 07086 *

CERTIFIED MAIL #: _____

04/29/2003

DEPT OF STATE
DIV OF CORPS/ANN. RPT FILINGS
P.O. BOX 1500
TALLAHASSEE , FL 32302-1500

Re: UBS PaineWebber Incorporated
FEIN: 13-2638166

Gentlemen:

On behalf of the above captioned company, we are enclosing the following return:

ANNUAL REPORT - RETURN

Enclosed also is a check in the amount of \$ 150.00 in payment of the indicated liability.

Should you have any questions regarding this filing please feel free to contact State Tax Manager, Louis DeVico at (201) 352-0559.

Very truly yours,

Kevin Mosby