


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # 823791 1. Entity Name UBS FINANCIAL SERVICES INC.	
--	---

Principal Place of Business 800 HARBOR BLVD TAX DEPT 1ST FLOOR WEEHAWKEN, NJ 07086	Mailing Address 800 HARBOR BLVD TAX DEPT 1ST FLOOR WEEHAWKEN, NJ 07086
---	---



04182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-2638166	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 COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

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, 2007 Fee will be \$550.00

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

000000748623
 05/17/07-80072-010 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP DEVICO, LOU 800 HARBOR BLVD WEEHAWKEN, NJ 07086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD HOEKSTRA, MARTEN S 800 HARBOR BLVD WEEHAWKEN, NJ 07087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHERSI, ROBERT J 800 HARBOR BLVD WEEHAWKEN, NJ 07086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 reports 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:  Louis DeVico Date: 4/20/07 Daytime Phone #: 201-352-0559