


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State


04-22-2008 90026 031 ***150.00

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 |
|--|--|

DO NOT WRITE IN THIS SPACE



04142008 No Chg-P CR2E034 (11/05)

| | |
|---|-------------------------------|
| 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**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

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 | |

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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 all other like empowered.

SIGNATURE:  **LOUIS DEVICO** **4/15/08** **201-352-0559**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #