

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

200001829532
 -05/20/96--01050--034
 ***200.00

DOCUMENT # 823791
 1. Corporation Name
PaineWebber Incorporated

Principal Place of Business Mailing Address
 %Tax Dept. 9th Floor %Tax Dept. 9th Floor
 1000 Harbor Blvd 1000 Harbor Blvd
 Weehawken, NJ 07087 Weehawken, NJ 07087

3. Date Incorporated or Qualified 12/08/69
 3a. Date of Last Report 5/1/94

2. Principal Place of Business 2a. Mailing Address
 21 26

4. FEI Number 13-2638166
 Applied For Not Applicable

Suite, Apt. #, etc. 22 27

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

City & State 23 28

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

Zip Country 24 25 29 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT Corporation System
 1200 S. Pine Island Road
 Plantation, FL 33324

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Asst. Treasurer <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Louis J. DeVico	1.2 NAME	
STREET ADDRESS	1000 Harbor Blvd	1.3 STREET ADDRESS	
CITY-ST-ZIP	Weehawken, NJ 07087	1.4 CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ronald M. Schwartz	2.2 NAME	
STREET ADDRESS	1000 Harbor Blvd	2.3 STREET ADDRESS	
CITY-ST-ZIP	Weehawken, J 07087	2.4 CITY-ST-ZIP	
TITLE	Vice President <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steven P. Baum	3.2 NAME	
STREET ADDRESS	1000 Harbor Blvd	3.3 STREET ADDRESS	
CITY-ST-ZIP	Weehawken, NJ 07087	3.4 CITY-ST-ZIP	
TITLE	SVP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph Grano	4.2 NAME	
STREET ADDRESS	1000 Harbor Blvd	4.3 STREET ADDRESS	
CITY-ST-ZIP	Weehawken, NJ 07087	4.4 CITY-ST-ZIP	
TITLE	Vice President <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert H. Silver	5.2 NAME	
STREET ADDRESS	1000 Harbor Boulevard	5.3 STREET ADDRESS	
CITY-ST-ZIP	Weehawken, NJ 07087	5.4 CITY-ST-ZIP	
TITLE	Secretary <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dorothy F. Haughey	6.2 NAME	
STREET ADDRESS	1000 Harbor Boulevard	6.3 STREET ADDRESS	
CITY-ST-ZIP	Weehawken, NJ 07087	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Louis J. DeVico* Louis J. DeVico 4/26/96
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FORM NOT APPROVED FOR FILING