

3-6-97 B-2 108 C

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 823791 (9)
1. Corporation Name: PAINWEBBER INCORPORATED



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 07087-6727

3. Date incorporated or Qualified: 12/08/1969
3a. Date of Last Report: 05/01/1996
4. FEI Number: 13-2638166
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)

9. Name and Address of Current Registered Agent: CT CORPORATION SYSTEM, 1200 S. PINE ISLAND ROAD, PLANTATION FL 33324

10. Name and Address of New Registered Agent (81-85)

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

12. OFFICERS AND DIRECTORS

TITLE	AS/T	<input type="checkbox"/> DELETE
NAME	DEVICO, LOUIS J	
STREET ADDRESS	1000 HARBOR BLVD., 9TH FL	
CITY-ST-ZIP	WEEHAWKEN NJ 07087	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHWARTZ, RONALD M.	
STREET ADDRESS	1000 HARBOR BLVD 9TH FL	
CITY-ST-ZIP	WEEHAWKEN NJ 07087	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	GRANO, JOSEPH	
STREET ADDRESS	1000 HARBOR BLVD 9TH FL	
CITY-ST-ZIP	WEEHAWKEN NJ 07087	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BAUM, STEVEN P.	
STREET ADDRESS	1000 HARBOR BLVD 9TH FL	
CITY-ST-ZIP	WEEHAWKEN NJ 07087	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SILVER, ROBERT H.	
STREET ADDRESS	1000 HARBOR BLVD 9TH FL	
CITY-ST-ZIP	WEEHAWKEN NJ 07087	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HAUGHEY, DORTHY F.	
STREET ADDRESS	1000 HARBOR BLVD 9TH FL	
CITY-ST-ZIP	WEEHAWKEN NJ 07087	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ken Levine
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	President
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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: _____ DATE: 2/14/97 DAYTIME PHONE #: 201-905-1003

CR2E034 (9/96)