

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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90169 019 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 823791**

1. Corporation Name  
**PAINWEBBER INCORPORATED**



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/08/1969**

4. FEI Number **13-2638166** Applied For  
 Not Applicable

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 owes the current year intangible Personal Property Tax.  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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

10. Name and Address of New Registered Agent

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. (NOT Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	AST	<input checked="" type="checkbox"/> DELETE
NAME	LEVINE, KEN	
STREET ADDRESS	1000 HARBOR BLVD., 9TH FL	
CITY-ST-ZIP	WEEHAWKEN NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALEXANDER, MARGO N.	
STREET ADDRESS	1000 HARBOR BLVD	
CITY-ST-ZIP	WEEHAWKEN NJ 07087	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GRANO, JOSEPH	
STREET ADDRESS	1000 HARBOR BLVD 9TH FL	
CITY-ST-ZIP	WEEHAWKEN NJ	
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	Senior Vice - President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kenneth Levine	
1.3 STREET ADDRESS	1000 Harbor Blvd.	
1.4 CITY-ST-ZIP	WEEHAWKEN, NJ 07087	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
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 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, with all other like empowered.

SIGNATURE: Kenneth Levine 4-28-99 (201) 902-4323  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

0002368