

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State
 05-26-2000 90064 043 ***150.00

DOCUMENT # 823791
 1. Entity 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
--	---

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

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

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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.

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	SVP	TITLE	
NAME	LEVINE, KENNETH	NAME	
STREET ADDRESS	1000 HARBOR BLVD.	STREET ADDRESS	
CITY-ST-ZIP	WEEHAWKEN NJ 07087	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	ALEXANDER, MARGO N.	NAME	
STREET ADDRESS	1000 HARBOR BLVD	STREET ADDRESS	
CITY-ST-ZIP	WEEHAWKEN NJ 07087	CITY-ST-ZIP	
TITLE	P	TITLE	
NAME	GRANO, JOSEPH	NAME	
STREET ADDRESS	1000 HARBOR BLVD 9TH FL	STREET ADDRESS	
CITY-ST-ZIP	WEEHAWKEN NJ	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	BAUM, STEVEN P.	NAME	
STREET ADDRESS	1000 HARBOR BLVD 9TH FL	STREET ADDRESS	
CITY-ST-ZIP	WEEHAWKEN NJ 07087	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	SILVER, ROBERT H.	NAME	
STREET ADDRESS	1000 HARBOR BLVD 9TH FL	STREET ADDRESS	
CITY-ST-ZIP	WEEHAWKEN NJ 07087	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	HAUGHEY, DORTHY F.	NAME	secretary
STREET ADDRESS	1000 HARBOR BLVD 9TH FL	STREET ADDRESS	Geraldine L. Banyai
CITY-ST-ZIP	WEEHAWKEN NJ 07087	CITY-ST-ZIP	1000 Harbor Blvd.
			WEEHAWKEN, NJ 07087

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE **Kenneth Levine** 4-26-00 (201) 352-4323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)