

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 832320

FILED
Apr 28, 2005
Secretary of State

Entity Name: UBS FINANCIAL SERVICES INSURANCE AGENCY INC.

Current Principal Place of Business:

800 HARBOR BLVD.
TAX DEPT 1ST FLOOR
WEEHAWKEN, NJ 07086

New Principal Place of Business:

Current Mailing Address:

800 HARBOR BLVD.
TAX DEPT 1ST FLOOR
WEEHAWKEN, NJ 07086

New Mailing Address:

FEI Number: 51-0120742 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MULHALL, JOHN
Address: 800 HARBOR BLVD.
City-St-Zip: WEEHAWKEN, NJ 07086

Title: S () Delete
Name: BANYAI, GERALDINE
Address: 800 HARBOR BLVD.
City-St-Zip: WEEHAWKEN, NJ 07087

Title: AT () Delete
Name: DEVICU, LOU
Address: 800 HARBOR BLVD.
City-St-Zip: WEEHAWKEN, NJ 07086

Title: V () Delete
Name: BIDLACK, ANGELA
Address: 800 HARBOR BLVD.
City-St-Zip: WEEHAWKEN, NJ 07086

Title: AT () Delete
Name: LEVINE, KEN
Address: 800 HARBOR BLVD.
City-St-Zip: WEEHAWKEN, NJ

Title: TAS () Delete
Name: CHERSI, ROBERT
Address: 800 HARBOR BLVD.
City-St-Zip: WEEHAWKEN, NJ 07086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOU DEVICO

AST

04/28/2005

Electronic Signature of Signing Officer or Director

_____ Date