

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 832320

**FILED  
Apr 22, 2015  
Secretary of State  
CC5990061331**

**Entity Name:** UBS FINANCIAL SERVICES INSURANCE AGENCY INC.

**Current Principal Place of Business:**

1200 HARBOR BOULEVARD  
WEEHAWKEN, NJ 07086

**Current Mailing Address:**

1200 HARBOR BOULEVARD  
WEEHAWKEN, NJ 07086

**FEI Number:** 51-0120742

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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

**Officer/Director Detail :**

Title            PRESIDENT, TREASURER,  
                      DIRECTOR, CEO  
Name            RUTH, KEVIN  
Address        1200 HARBOR BOULEVARD  
City-State-Zip: WEEHAWKEN NJ 07086

Title            SECRETARY, DIRECTOR  
Name            YORK, MICHAEL P  
Address        1200 HARBOR BOULEVARD  
City-State-Zip: WEEHAWKEN NJ 07086

Title            DIRECTOR  
Name            PETERSON, DAVID  
Address        1200 HARBOR BOULEVARD  
City-State-Zip: WEEHAWKEN NJ 07086

*I hereby 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 all other like empowered.*

**SIGNATURE: MICHAEL P. YORK**

**SECRETARY**

**04/22/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date