

SCC eFile

2015 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

215540809

1.) CORPORATION NAME:

UBS Financial Services Inc.

DUE DATE: **11/30/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F0233132**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100
PREFER	50

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1200 HARBOR BOULEVARD

CITY/ST/ZIP: WEEHAWKEN, NJ 07086

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: ROBERT E. MULHOLLAND
TITLE: PRESIDENT
ADDRESS: 1200 HARBOR BLVD
CITY/ST/ZIP/CO: WEEHAWKEN, NJ 07086

OFFICER

DIRECTOR

NAME: WILLIAM FREY
TITLE: TREASURER
ADDRESS: 1200 HARBOR BLVD
CITY/ST/ZIP/CO: WEEHAWKEN, NJ 07086

OFFICER

DIRECTOR

NAME: CHERYL GRASSMAN
TITLE: ASST SECRETARY
ADDRESS: 1200 HARBOR BOULEVARD
CITY/ST/ZIP/CO: WEEHAWKEN, NJ 07086

OFFICER

DIRECTOR

NAME: TAMBRA S KING
TITLE: SECRETARY
ADDRESS: 1200 HARBOR BLVD
CITY/ST/ZIP/CO: WEEHAWKEN, NJ 07086

OFFICER

DIRECTOR

NAME: ROSEMARY T BERKERY
TITLE: DIRECTOR
ADDRESS: 1200 HARBOR BOULEVARD
CITY/ST/ZIP/CO: WEEHAWKEN, NJ 07086

OFFICER

DIRECTOR

NAME: JOHN J BROWN
TITLE: DIRECTOR
ADDRESS: 1200 HARBOR BOULEVARD
CITY/ST/ZIP/CO: WEEHAWKEN, NJ 07086

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIMOTHY JOHN DALBY DIRECTOR 1200 HARBOR BOULEVARD WEEKAWKEN, NJ 07086	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN P HULL DIRECTOR 1200 HARBOR BOULEVARD WEEHAWKEN, NJ 07086	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PUALA D POLITO DIRECTOR 1200 HARBOR BOULEVARD WEEHAWKEN, NJ 07086	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANITA M SANDS DIRECTOR 1200 HARBOR BOULEVARD WEEHAWKEN, NJ 07086	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ TAMBRA S KING	TAMBRA S KING, SECRETARY	11/5/2015	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			