

File Number OMB APPROVAL: 084 - 5925

First Chicago Trust Company of New York

EquiServe Trust Company, N.A.

JPMorgan Chase Bank Citibank, N.A.

For the reporting period ending December 31, 2002

OMB Number: 3235-0337 Expires: June 30, 2002 Estimated average burden hours per full response: 6.00 Estimated average burden

hour per intermediate response: 1.50

Estimated average burden hour per minimum

response: 0.50

085-5287

085-11340 085-05005

085-10232

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 FORM TA-2

FORM FOR REPORTING ACTIVITIES OF TRANSFER AGENTS REGISTERED PURSUANT TO SECTION 17A OF THE SECURITIES EXCHANGE ACT OF 1934 ATTENTION: INTENTIONAL MISSTATEMENTS OR OMISSIONS OF FACT CONSTITUTE FEDERAL CRIMINAL VIOLATIONS. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a)

1. Full name of Registrant as stated in Question 3 of Form TA-1: (Do not use Form TA-2 to change name or address.) EquiServe, Inc. 2. a. During the reporting period, has the Registrant engaged a service company to perform any of its transfer agent furnishes Check appropriate box.) ⊠Some | None b. If the answer to subsection (a) is all or some, provide the name(s) and transfer agent file number(s) of all service company(ies) engaged: File No. (beginning with 84- or 85-): Name of Transfer Agent(s): The Colbent Corporation 084-5927 c. During the reporting period, has the Registrant been engaged as a service company by a named transfer agent to perform transfer agent functions? ⊠Yes □No d. If the answer to subsection (c) is yes, provide the name(s) and file number(s) of the named transfer agent(s) for which the Registrant has been engaged as a service company to perform transfer agent functions: (If more room is required, please complete and attach the Supplement to Form TA-2): Name of Transfer Agent(s): File No. (beginning with 84- or 85-): Fleet National Bank 085-10813 State Street Bank and Trust Company 085-5003

3. a. Registrant's appro	priate regulatory agency	. (Check one box only.)			
Federal Board of	oller of the Currency Deposit Insurance Corpo f Governors of the Federa es and Exchange Commis	al Reserve System			
	g period, has the Registra ne inaccurate, incomplete			following the date on wh	ich information
	d amendment(s) ed to file amendment(s) licable				
c. If the answer to subs	section (b) is no, provide	an explanation.			
	of questions 4-11 below i				2,753,313
reinvestment b. Number o	ber of individual security t plans and/or direct purc f individual securityhold	hase plans as of December dividend reinvestment	er 31:plan and/or direct purch	ase plan accounts as of I	<u>21,415,921</u> December
c. Number of individual securityholder DRS accounts as of December 31:					
d. Approximate percentage of individual securityholder accounts from subsection (a) in the following categories as of December 31:					
Corporate Equity Securities	Corporate Debt Securities	Open-End Investment Company Securities	Limited Partnership Securities,	Municipal Debt Securities	Other Securities
99.81%	0%	0%	0.19%	0%	0%

6. Number of securities issues for which Registrant acted in the following capacities, as of December 31:

	Corporate Equity	Securities Debt	Open-End Investment Company Securities	Limited Partnership Securities,	Municipal Debt Securities	Other Securities
a. Receives items for transfer and maintains the master securityholder files:	2,446	0	0	35	0	0
b. Receives items for transfer but does not maintain the master securityholder files:	2	0	0	0	0	0
c. Does not receive items for transfer but maintains the master securityholder files:	2	0	0	0	0	0

 Scope of certain additional types of activities performed: a. Number of issues for which dividend reinvestment plan and/or 	direct nurchase plan	
services were provided, as of December 31:		<u>678</u>
b. Number of issues for which DRS services were provided, as of		
c. Dividend disbursement and interest paying agent activities con-		1.601
i. number of issuesii. amount (in dollars)		
n. amount (in dollars)		<u>\$77,341,993,429</u>
8. a. Number and aggregate market value of securities aged record d	ifferences, existing for more than 30	days, as of December 31:
	Prior Transfer Agent(s) (If applicable)	Current Transfer Agent
i. Number of issues	84	67
ii. Market value (in dollars)	\$2,718,456	\$758,843
b. Number of quarterly reports regarding buy-ins filed by the Registr pursuant to Rule 17Ad-11(c)(2):		
c. During the reporting period, did the Registrant file all quarterly replaced Rule $17Ad-11(c)(2)$?	ports regarding buy-ins with its ARA	(including the SEC) required by
⊠Yes □No		
d. If the answers to subsection (c) is no, provide an explanation for e	ach failure to file.	
9. a. During the reporting period, has the Registrant always been in c Rule 17Ad-2?	compliance with the turnaround time	for routine items as set forth in
⊠Yes □No		
If the answer to subsection (a) is no, complete subsection	ons (i) through (ii).	
i. Provide the number of months during the reporting period in which routine items according to Rule 17Ad-2		
ii. Provide the number of written notices Registrant filed during the noncompliance with turnaround time for routine items according to I		
10. Number of open-end investment company securities purchases at distribution postings processed during the reporting period:		
a. Total number of transactions processed: b. Number of transactions processed on a date other than date of recofs"):	ceipt of order ("as	

11. a. During the reporting period, provide the date of all database searches conducted for lost securityholder accounts listed on the transfer agent's master securityholder files, the number of lost securityholder accounts for which a database search has been conducted, and the number of lost securityholder accounts for which a different address has been obtained as a result of a database search:

Date of Database Search	Number of Lost Securityholder Accounts Submitted for Database Search	Number of Different Addresses Obtained from Database Search
3/20/02	182,078	101,199
6/10/02	864	476
6/20/02	30,975	21,321
12/18/02	1,335	796
12/31/02	31,916	26,347
Totals	247,168	150,139

SIGNATURE: The Registrant submitting this Form, and the person signing the Form, hereby represent that all the information contained in the Form is true, correct, and complete.

Manual signature of Official responsible for Form:	Title: Managing Director, Regulatory Compliance & Risk
Killard Lohnson Jr.	Telephone number: (781) 575-2323
Name of Official responsible for Form:	Date signed
(First name, Middle name, Last name)	(Month/Day/Year): March 31, 2003
Richard L. Johnson, Jr.	