BELICA PAUL

A BELICA PAUL (Month/Day/Year) 02/22/2007 [NIE] (Last) (First) (Middle) 1345 AVENUE OF THE AMERICAS (Check all app (Street) (Street) X_DirectorOfficer	nge Act of 1 of 1935 or 940 Ticker or Tra gate Equity Leporting	Expires. 2005 Estimated average burden hours per 1934, response 0.5 Section
SECURITES Filed pursuant to Section 16(a) of the Securities Exchante Section 17(a) of the Public Utility Holding Company Act of 19 30(h) of the Investment Company Act of 19 30(h) of	nge Act of 1 of 1935 or 940 Ticker or Tra gate Equity Leporting	Ading Symbol 6 Convertible Income Fund 5. If Amendment, Date Original Filed(Month/Day/Year)
Section 17(a) of the Public Utility Holding Company Act of 19 30(h) of the Investment Company Act of 19 (Print or Type Responses) 1. Name and Address of Reporting Person *_ 2. Date of Event Requiring Statement 3. Issuer Name and Nicholas-Appleg [NIE] Â BELICA PAUL (Month/Day/Year) 02/22/2007 4. Relationship of Reporting Person(s) to Issuer (Last) (First) (Middle) (Street)	of 1935 or 940 Ticker or Tra gate Equity ceporting	1934, response 0.5 Section ading Symbol & Convertible Income Fund 5. If Amendment, Date Original Filed(Month/Day/Year)
1. Name and Address of Reporting Person * 2. Date of Event Requiring Statement 3. Issuer Name and Nicholas-Appleg Â BELICA PAUL (Month/Day/Year) [NIE] (Last) (First) (Middle) 1345 AVENUE OF THE AMERICAS (Street) (Check all approximation of ficer	gate Equity	 & Convertible Income Fund 5. If Amendment, Date Original Filed(Month/Day/Year)
Person * Statement Nicholas-Appleg Â BELICA PAUL (Month/Day/Year) 02/22/2007 INIE (Last) (First) (Middle) 4. Relationship of Reperson(s) to Issuer 1345 AVENUE OF THE (Check all app (Street) Officer Officer	gate Equity	 & Convertible Income Fund 5. If Amendment, Date Original Filed(Month/Day/Year)
(Last) (First) (Middle) 4. Relationship of Ro Person(s) to Issuer 1345 AVENUE OF THE AMERICAS (Check all app (Street)Officer		Filed(Month/Day/Year)
AMERICAS (Check all app (Street)Officer	plicable)	02/22/2007
(give title below) (spe	10% Owner Other pecify below)	r 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting
NEW YORK, NY 10105		Person Form filed by More than One Reporting Person
(City) (State) (Zip) Table I - Non-Derivative Set	ecurities B	Beneficially Owned
(Instr. 4) Form Direc	ership Own n: (Ins ct (D) direct	Vature of Indirect Beneficial nership str. 5)
NO SECURITIES ARE BENEFICIALLY OWNED (1) 0	D Â	

owned directly or indirectly. Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security	2. Date Exercisable and	3. Title and Amount of	4.	5.	6. Nature of Indirect
(Instr. 4)	Expiration Date	Securities Underlying	Conversion	Ownership	Beneficial Ownership
	(Month/Day/Year)	Derivative Security	or Exercise	Form of	(Instr. 5)
		(Instr. 4)	Price of	Derivative	

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Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security: Direct (D) or Indirect (I) (Instr. 5)
				(

Reporting Owners

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
BELICA PAUL 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	ÂX	Â	Â	Â	
Signatures					
THOMAS J. FUCCILLO, ATTORNEY FACT	01/15/2009				
**Signature of Reporting Person		Da	ate		
F					

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 5(b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

(1) This amended Form 3 is filed solely for the purpose of attaching a Power of Attorney, attached to this filing as Exhibit 24.1.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.