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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **858335** **(3)**

1. Corporation Name

DLJ REAL ESTATE, INC.

Principal Place of Business	Mailing Address
140 BROADWAY, ATTN: TAX DEPT NEW YORK NY 10005	C/O DONALDSON, LUFKIN, & JENRETTE, INC 140 BROADWAY ATTN: TAX DEPT NEW YORK NY 10005 US

2. Principal Place of Business	2a. Mailing Address
21 c/o DLJ, Inc. 277 Park Avenue	26 c/o DLJ, Inc. 277 Park Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 21st Fl. Attn:Corp. Tax Dept	27 21st Fl. Attn:Corp. Tax Dept.
City & State	City & State
23 New York, New York	28 New York, New York
Zip / Country	Zip / Country
24 10172 / 25	29 10172 / 30

3. Date Incorporated or Qualified	3a. Date of Last Report
11/03/1983	05/01/1995
4. FEI Number: 13-2658821	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SVP	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	WINSTON, JOHN		1.2 NAME	Winston, John	
STREET ADDRESS	140 BROADWAY		1.3 STREET ADDRESS	277 Park Avenue	
CITY-ST-ZIP	NEW YORK NY		1.4 CITY-ST-ZIP	New York, NY 10172	
TITLE	VP	☐ DELETE	2.1 TITLE	SVP	☒ Change ☐ Addition
NAME	BERN, CHARLES S.		2.2 NAME	Bern, Charles S.	
STREET ADDRESS	140 BROADWAY		2.3 STREET ADDRESS	277 Park Avenue	
CITY-ST-ZIP	NEW YORK NY		2.4 CITY-ST-ZIP	New York, NY 10172	
TITLE	V	☐ DELETE	3.1 TITLE	SVP	☒ Change ☐ Addition
NAME	TWILL, GEORGE		3.2 NAME	Twill, George	
STREET ADDRESS	140 BROADWAY		3.3 STREET ADDRESS	277 Park Avenue	
CITY-ST-ZIP	NEW YORK NY		3.4 CITY-ST-ZIP	New York, NY 10172	
TITLE	VT	☐ DELETE	4.1 TITLE	VT	☒ Change ☐ Addition
NAME	VAKHARIA, RAJANDRA		4.2 NAME	Vakharia, Raj	
STREET ADDRESS	140 BROADWAY		4.3 STREET ADDRESS	277 Park Avenue	
CITY-ST-ZIP	NEW YORK NY		4.4 CITY-ST-ZIP	New York, NY 10172	
TITLE	VP	☐ DELETE	5.1 TITLE	VP	☒ Change ☐ Addition
NAME	JOYCE, MICHAEL		5.2 NAME	Joyce, Michael	
STREET ADDRESS	140 BROADWAY		5.3 STREET ADDRESS	277 Park Avenue	
CITY-ST-ZIP	NEW YORK NY		5.4 CITY-ST-ZIP	New York, NY 10172	
TITLE		☐ DELETE	6.1 TITLE	Tax Manager	☐ Change ☒ Addition
NAME			6.2 NAME	Competiello, Mark A.	
STREET ADDRESS			6.3 STREET ADDRESS	277 Park Avenue	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	New York, NY 10172	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mark A Competiello 4/29/96 (212)892-4939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)