

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000002049 (3)
 1. Corporation Name
DLJ SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O DLJ INC 277 PARK AVENUE NEW YORK NY 10172 US	Mailing Address C/O DLJ INC 277 PARK AVENUE 21ST FLOOR NEW YORK NY 10172 US
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3. Date Incorporated or Qualified 04/27/1995	4. FEI Number 13-3817414	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 c/o DLJ, Inc. Suite, Apt. #, etc. 22 277 Park Avenue, 35 Fl. City & State 23 Zip Country 24 25	2a. Mailing Address 26 c/o DLJ, Inc. Suite, Apt. #, etc. 27 277 Park Ave., 35th Floor City & State 28 Zip Country 29 30
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9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

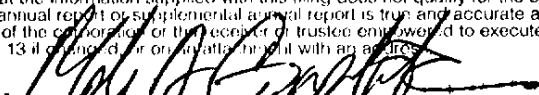
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	C/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACKINNON, DONALD J	1.2 NAME	Donald J. MacKinnon
STREET ADDRESS	277 PARK AVENUE	1.3 STREET ADDRESS	277 Park Avenue
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	New York, NY 10172
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRETT, CHARLES L	2.2 NAME	Charles L. Garrett
STREET ADDRESS	277 PARK AVENUE	2.3 STREET ADDRESS	277 Park Avenue
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	New York, NY 10172
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAROCCA, N D	3.2 NAME	N. Dante LaRocca
STREET ADDRESS	277 PARK AVENUE	3.3 STREET ADDRESS	277 Park Avenue
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	New York, NY 10172
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIEGLER, THOMAS E	4.2 NAME	Marjorie S. White
STREET ADDRESS	277 PARK AVE	4.3 STREET ADDRESS	277 Park Avenue
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	New York, NY 10172
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	TX/M <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POWER, CLAIRE M	5.2 NAME	Mark A. Competiello
STREET ADDRESS	277 PARK AVE	5.3 STREET ADDRESS	277 Park Avenue
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	New York, NY 10172
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 executor 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 my affidavit with an affidavit.

SIGNATURE:  **Mark A. Competiello**
 Tax Manager FEB 17 1998 212-892-4939

CP2E034 (10/97)