

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.

Principal Place of Business

Mailing Address

C/O DLJ INC  
277 PARK AVENUE  
NEW YORK NY 10172  
US

C/O DLJ INC  
277 PARK AVENUE 21ST FLOOR  
NEW YORK NY 10172  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/27/1995

4. FEI Number

13-3817414

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ 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

2a. Mailing Address

26 C/O DLJ, Inc.

Suite, Apt. #, etc.

27 277 Park Ave, 35<sup>th</sup> Floor

City & State

28 Zip

Country

29

30

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature: Typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MACKINNON, DONALD J	
STREET ADDRESS	277 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GARRETT, CHARLES L	
STREET ADDRESS	277 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LAROCCA, N D	
STREET ADDRESS	277 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SIEGLER, THOMAS E	
STREET ADDRESS	277 PARK AVE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	POWER, CLAIRE M	
STREET ADDRESS	277 PARK AVE	
CITY-ST-ZIP	NEW YORK NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Donald J. MacKinnon	
1.3 STREET ADDRESS	277 Park Avenue	
1.4 CITY-ST-ZIP	New York, NY 10172	
2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Charles L. Garrett	
2.3 STREET ADDRESS	277 Park Avenue	
2.4 CITY-ST-ZIP	New York, NY 10172	
3.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	N. Dante LaRocca	
3.3 STREET ADDRESS	277 Park Avenue	
3.4 CITY-ST-ZIP	New York, NY 10172	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Marjorie S. White	
4.3 STREET ADDRESS	277 Park Avenue	
4.4 CITY-ST-ZIP	New York, NY 10172	
5.1 TITLE	TX/M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Mark A. Competiello	
5.3 STREET ADDRESS	277 Park Avenue	
5.4 CITY-ST-ZIP	New York, NY 10172	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)