

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

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90091 013 ***150.00

DOCUMENT # F95000002049

1. Corporation Name DLJ SERVICES, INC.



Principal Place of Business: C/O DLJ INC, 277 PARK AVE. 35 FL, NEW YORK NY 10172, US

Mailing Address: C/O DLJ INC, 277 PARK AVE. 35TH FLOOR, NEW YORK NY 10172, US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 c/o DLJ, Inc. Attn:Corp Tax, 22 277 Park Ave., 23 New York, N.Y., 24 10172, 25 USA

2a. Mailing Address: 26 c/o DLJ, Inc. Attn:Corp Tax, 27 277 Park Ave., 28 New York, N.Y., 29 10172, 30 USA

3. Date Incorporated or Qualified: 04/27/1995

4. FEI Number: 13-3817414

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 owes the current year Intangible Personal Property Tax: Yes No

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, 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: 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	CP	<input type="checkbox"/> DELETE
NAME	MACKINNON, DONALD J	
STREET ADDRESS	277 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY 10172	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GARRETT, CHARLES L	
STREET ADDRESS	277 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY 10172	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LAROCCA, N D	
STREET ADDRESS	277 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY 10172	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WHITE, MARJORIE S	
STREET ADDRESS	277 PARK AVE	
CITY-ST-ZIP	NEW YORK NY 10172	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	POWER, CLAIRE M	
STREET ADDRESS	277 PARK AVE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	TM	<input type="checkbox"/> DELETE
NAME	COMPETIELLO, MARK A	
STREET ADDRESS	277 PARK AVE	
CITY-ST-ZIP	NEW YORK NY, 10172	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE: *Mark A. Competiello* Tax Manager January 21, 1999 212-892-4939

CRZE034 (11/98)