

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000088201 (7)

1. Corporation Name

MERRILL LYNCH FINANCIAL DATA SERVICES, INC.



Principal Place of Business

Mailing Address

4800 DEER LAKE DRIVE EAST
JACKSONVILLE FL 32246

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JACKSONVILLE FL 32246

3. Date Incorporated or Qualified 12/28/1993	3a. Date of Last Report 01/23/1995
4. FEI Number 13-3749871	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

C T 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	85. Zip Code
			FL	

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: CD <input type="checkbox"/> DELETE NAME: ALEX, HARRY P STREET ADDRESS: 4800 DEER LAKE DRIVE EAST CITY-ST-ZIP: JACKSONVILLE FL 32246	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME: ALEX, HARRY, P. 1.3 STREET ADDRESS: 1.4 CITY-ST-ZIP:
TITLE: PD <input type="checkbox"/> DELETE NAME: ESPOSTIO, ANGELO V. STREET ADDRESS: 4800 DEER LAKE DRIVE EAST CITY-ST-ZIP: JACKSONVILLE FL	2.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME: Esposito, Angelo, V. 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:
TITLE: D <input type="checkbox"/> DELETE NAME: GALLAGHER, EDWARD J JR STREET ADDRESS: 4800 DEER LAKE DRIVE EAST CITY-ST-ZIP: JACKSONVILLE FL 32246	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:
TITLE: D <input checked="" type="checkbox"/> DELETE NAME: GEIB, WILLIAM R JR STREET ADDRESS: 4800 DEER LAKE DRIVE EAST CITY-ST-ZIP: JACKSONVILLE FL 32246	4.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME: D Callori, Mark, A. 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:
TITLE: D <input type="checkbox"/> DELETE NAME: GLENN, TERRYAM K JR STREET ADDRESS: 4800 DEER LAKE DRIVE EAST CITY-ST-ZIP: JACKSONVILLE FL 32246	5.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME: GLENN, TERRY, K. 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:
TITLE: S <input type="checkbox"/> DELETE NAME: KIMBROUGH, COLETTE STREET ADDRESS: 4800 DEER LAKE DR. E. CITY-ST-ZIP: JACKSONVILLE FL	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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Angelo V. Esposito

1-23-96

904-928-5288

CR2E034 (12/95)