

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

FILED
Mar 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P93000088201
 1. Corporation Name
MERRILL LYNCH FINANCIAL DATA SERVICES, INC.

Principal Place of Business Mailing Address
4800 DEER LAKE DRIVE EAST JACKSONVILLE, FL 32246-6484 **SAME**

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	30

3. Date Incorporated or Qualified 12/28/1993	3a. Date of Last Report 1/30/1996
4. FEI Number 13-3749871	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
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 title if applicable) (NOT Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	ALLEX, HARRY P.	
STREET ADDRESS	4800 DEER LAKE DRIVE EAST	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ESPOSITO, ANGELO V.	
STREET ADDRESS	4800 DEER LAKE DRIVE EAST	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GALLAGHER, EDWARD J. JR.	
STREET ADDRESS	4800 DEER LAKE DRIVE EAST	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CALLORI, MARK A	
STREET ADDRESS	4800 DEER LAKE DRIVE EAST	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GLENN, TERRY K.	
STREET ADDRESS	4800 DEER LAKE DRIVE EAST	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KIMBROUGH, COLETTE	
STREET ADDRESS	4800 DEER LAKE DRIVE EAST	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BRIDY, WILLIAM A.	
1.3 STREET ADDRESS	4800 DEER LAKE DRIVE EAST	
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32246	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PLESSER, ROBERT E.	
2.3 STREET ADDRESS	4800 DEER LAKE DRIVE EAST	
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32246	
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ELDER, ROD	
3.3 STREET ADDRESS	4800 DEER LAKE DRIVE EAST	
3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32246	
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		

700002114167 Change Addition
-03/14/97--01104--018
*****173.75**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c) 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 on a document 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:  **William A. Bridy** **3/13/97** **(904) 928-5288**

Date: _____ District Director: _____

CR2E034 (9/96)