FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **839342** **(3)**

1. Corporation Name

DONALDSON, LUFKIN & JENRETTE SECURITIES CORPORAT ION

Principal Place of Business	Mailing Address
140 BROADWAY ATTN: TAX DEPT. NEW YORK NY 10005	140 BROADWAY ATTN: TAX DEPT. NEW YORK NY 10005

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/19/1977**
3a. Date of Last Report: **04/27/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26: c/o Donaldson, Lufkin & Jenrette, Inc.
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27: 140 Broadway Attn: Tax Dept.
City & State — 23:
City & State — 28: New York, New York
Zip — 24:
Country — 25:
Zip — 29: 10005
Country — 30:

4. FEI Number: **13-2741729** ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ 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 **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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when name changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	☐ Change ☐ Addition
NAME	SIEGLER, THOMAS E.	12 NAME	
STREET ADDRESS	140 BROADWAY	13 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	MENGES, CARL B	22 NAME	
STREET ADDRESS	140 BROADWAY	23 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY	24 CITY ST ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	DEWEY, ROBERT M	32 NAME	
STREET ADDRESS	140 BROADWAY	33 STREET ADDRESS	
CITY ST ZIP	NY NY	34 CITY ST ZIP	
TITLE	DP	41 TITLE	☐ Change ☐ Addition
NAME	CHALSTY, JOHN S.	42 NAME	
STREET ADDRESS	140 BROADWAY	43 STREET ADDRESS	
CITY ST ZIP	NY NY	44 CITY ST ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	MILLER, ERIC T.	52 NAME	
STREET ADDRESS	140 BROADWAY	53 STREET ADDRESS	
CITY ST ZIP	NY NY	54 CITY ST ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	DADDINO, ANTHONY F.	62 NAME	
STREET ADDRESS	140 BROADWAY	63 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY	64 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)(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 the 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: Thomas E. Siegler — Thomas E. Siegler — 4/24/95 — (212) 504-4939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

0398100 FP