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

1. Corporation Name

DONALDSON, LUFKIN & JENRETTE SECURITIES CORPORATION

Principal Place of Business	Mailing Address
140 BROADWAY ATTN: TAX DEPT. NEW YORK NY 10005	C/O DONALDSON LUFKIN & JENRETTE INC 140 BROADWAY ATTN: TAX DEPT NEW YORK NY 10005 US

3. Date Incorporated or Qualified: **10/19/1977**

3a. Date of Last Report: **05/01/1995**

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

2. Principal Place of Business	2a. Mailing Address
21 c/o DLJ, Inc.	26 c/o DLJ, Inc.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 21st Fl. Attn:Corp. Tax Dept	27 21st Fl. Attn:Corp. Tax Dept.
City & State	City & State
23 New York, New York	28 New York, New York
Zip / Country	Zip / Country
24 10172 / 25	29 10172 / 30

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: _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☐ DELETE	11 TITLE	V	☒ Change ☐ Addition
NAME	SIEGLER, THOMAS E.		12 NAME	Siegler, Thomas E	
STREET ADDRESS	140 BROADWAY		13 STREET ADDRESS	277 Park Avenue	
CITY-ST-ZIP	NEW YORK NY		14 CITY-ST-ZIP	New York, NY 10172	
TITLE	D	☐ DELETE	21 TITLE	D	☒ Change ☐ Addition
NAME	MENGES, CARL B		22 NAME	Menges, Carl B	
STREET ADDRESS	140 BROADWAY		23 STREET ADDRESS	277 Park Avenue	
CITY-ST-ZIP	NEW YORK NY		24 CITY-ST-ZIP	New York, NY 10172	
TITLE	XX	☐ DELETE	31 TITLE	Tax Manager	☐ Change ☒ Addition
NAME	XXXXXXXXXXXX		32 NAME	Competiello, Mark A	
STREET ADDRESS	XXXXXXXXXXXX		33 STREET ADDRESS	277 Park Avenue	
CITY-ST-ZIP	XX XX		34 CITY-ST-ZIP	New York, NY 10172	
TITLE	DP	☐ DELETE	41 TITLE	D	☒ Change ☐ Addition
NAME	CHALSTY, JOHN S.		42 NAME	Chalsty, John S	
STREET ADDRESS	140 BROADWAY		43 STREET ADDRESS	277 Park Avenue	
CITY-ST-ZIP	NY NY		44 CITY-ST-ZIP	New York, NY 10172	
TITLE	V	☐ DELETE	51 TITLE	V	☒ Change ☐ Addition
NAME	MILLER, ERIC T.		52 NAME	Miller, Eric T	
STREET ADDRESS	140 BROADWAY		53 STREET ADDRESS	277 Park Avenue	
CITY-ST-ZIP	NY NY		54 CITY-ST-ZIP	New York, NY 10172	
TITLE	V	☐ DELETE	61 TITLE	V	☒ Change ☐ Addition
NAME	DADDINO, ANTHONY F.		62 NAME	Daddino, Anthony F	
STREET ADDRESS	140 BROADWAY		63 STREET ADDRESS	277 Park Avenue	
CITY-ST-ZIP	NEW YORK NY		64 CITY-ST-ZIP	New York, NY 10172	

CR2E034 (12/95)

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 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: Mark A Competiello 4/29/96 (212)892-4939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #