

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 839342

1. Entity Name

DONALDSON, LUFKIN & JENRETTE SECURITIES CORPORAT

Principal Place of Business

C/O DLJ, INC. ATTN: CORP TAX  
277 PARK AVE  
NEW YORK NY 10172  
US

Mailing Address

C/O DLJ, INC. ATTN: CORP TAX  
277 PARK AVE  
NEW YORK NY 10172  
US

2. Principal Place of Business

277 Park Avenue

Suite, Apt. #, etc.

City & State

New York

Zip

10172

Country

USA

3. Mailing Address

c/o CSFB (USA), Inc.

Suite, Apt. #, etc.

277 Park Avenue, Attn: Tax Dept.

City & State

New York

Zip

10172

Country

USA

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE VS ☒ Delete  
NAME WHITE, MARJORIE S  
STREET ADDRESS 277 PARK AVENUE  
CITY-ST-ZIP NEW YORK NY 10172

TITLE SVTM ☐ Delete  
NAME COMPETIELLO, MARK A  
STREET ADDRESS 277 PARK AVENUE  
CITY-ST-ZIP NEW YORK NY 10172

TITLE CEO ☐ Delete  
NAME ROBY, JOE L  
STREET ADDRESS 277 PARK AVENUE  
CITY-ST-ZIP NEW YORK NY 10172

TITLE EVC ☐ Delete  
NAME DADDINO, ANTHONY F.  
STREET ADDRESS 277 PARK AVENUE  
CITY-ST-ZIP NEW YORK NY 10172

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S ☐ Change ☒ Addition  
NAME Lori M. Russo  
STREET ADDRESS 11 Madison Avenue  
CITY-ST-ZIP New York, NY 10010

TITLE V/TM ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P/CEO/D ☐ Change ☒ Addition  
NAME Allen D. Wheat  
STREET ADDRESS 11 Madison Avenue  
CITY-ST-ZIP New York, NY 10010

TITLE T/MD ☐ Change ☒ Addition  
NAME Lewis H. Wirshba  
STREET ADDRESS 11 Madison Avenue  
CITY-ST-ZIP New York, NY 10010

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, without other fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 27 2001

Date

(212) 892-4439

Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE

4. FEI Number 13-2741729

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**