

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91324 035 \*\*\*150.00

**DOCUMENT # 839342**

1. Entity Name  
**DONALDSON, LUFKIN & JENRETTE SECURITIES CORPORAT  
 ION**

Principal Place of Business  
**C/O DLJ, INC. ATTN: CORP TAX  
 277 PARK AVE  
 NEW YORK NY 10172  
 US**

Mailing Address  
**C/O CSFB (USA), INC. ATTN: TAX DEPT  
 277 PARK AVE  
 NEW YORK NY 10172  
 US**

2. Principal Place of Business  
**11 Madison Avenue**

3. Mailing Address  
**11 Madison Avenue**

Suite, Apt. #, etc.  
**c/o CSFB, Inc. Attn: Corp Tax**

Suite, Apt. #, etc.  
**c/o CSFB, Inc. Attn: Corp Tax**

City & State  
**New York, NY**

City & State  
**New York, NY**

Zip  
**10010**

Country  
**USA**

Zip  
**10010**

Country  
**USA**



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**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S RUSSO, LORI 11 MADISON AVENUE NEW YORK NY 10010</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTM COMPETIELLO, MARK A 277 PARK AVENUE NEW YORK NY 10172</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TM Gallagher, John 11 Madison Avenue New York, NY 10010</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ROBY, JOE L 277 PARK AVENUE NEW YORK NY 10172</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>11 Madison Avenue New York, NY 10010</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MD DADDINO, ANTHONY F. 277 PARK AVENUE NEW YORK NY 10172</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>11 Madison Avenue New York, NY 10010</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCED WHEAT, ALLEN D 11 MADISON AVENUE NEW YORK NY 10010</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/CEO Mack, John J 11 Madison Avenue, New York NY 10010</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TMD WIRSHBA, LEWIS H 11 MADISON AVENUE NEW YORK NY 10010</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: **Edward Flynn** **4/26/02** **(212)325-5832**

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

CR2E034 (9/01)