## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F03000000427

Entity Name: MERRILL LYNCH COMMERCIAL FINANCE CORP.

FILED Jan 04, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
4 WORLD FINANCIAL CENTER, 250 VESEY ST. 9TH FLOOR NEW YORK, NY 10080						
Current Mailing Address:				New Mailing Address:		
4 WORLD FINANCIAL CENTER, 250 VESEY ST. 9TH FLOOR NEW YORK, NY 10080			4802 DEER LAKE DRIVE EAST C/O MERRILL LYNCH CREDIT CORPORATION JACKSONVILLE, FL 32246			
FEI Number:	ber: 68-0518519 FEI Number Applied For() FEI Nu			nber Not Applicable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent: Name					Address of N	ew Registered Agent:
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US						
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:						
	Electronic	Signature of Registered Agent	t			Date
Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	KRONTHAL, JEFI 4 WORLD FINAN NEW YORK, NY	CIAL CENTER, 9TH FLOOR 10080		Title: Name: Address: City-St-Zip: Title:	BLUM, MICHAE 4 WORLD FINA NEW YORK, NY	NCIAL CENTER, 10TH FLOOR ′ 10080
Title: Name: Address: City-St-Zip:	BLUM, MICHAEL	CIAL CENTER, 10TH FLOOR		Name: Address: City-St-Zip:	CARLIN, GARY	Change()Addition NCIAL CENTER, 34TH FLOOR ′ 10080
Title: Name: Address: City-St-Zip:	CARLIN, GARY	cial CENTER, 34TH FLOOR 10080		Title: Name: Address: City-St-Zip:	LEIMAN, MARK	NCIAL CENTER, 34TH FLOOR
Title: Name: Address: City-St-Zip:	LEIMAN, MARK	cial CENTER, 34TH FLOOR 10080		Title: Name: Address: City-St-Zip:	EHSANI, FARIB	NCIAL CENTER, 14TH FLOOR
Title: Name: Address: City-St-Zip:	TUFARO, PAÙL S	CIAL CENTER, 34TH FLOOR		Title: Name: Address: City-St-Zip:	TUFARO, PAÙL	NCIAL CENTER, 34TH FLOOR
Title: Name: Address: City-St-Zip:	VENDOME, CHRI	CIAL CENTER, 23RD FLOOR		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LULU TONEY ASEC 01/04/2006