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 # **F93000002401 (8)**

1. Corporation Name

DLJ CENTURY, INC.

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

3. Date Incorporated or Qualified	3a. Date of Last Report
05/21/1993	06/22/1995

2. Principal Place of Business	2a. Mailing Address
21 c/o DLJ, Inc. 277 Park Avenue	26 c/o DLJ, Inc. 277 Park Avenue
Suite, Apt. #, etc 22 21st Fl. Attn:Corp. Tax Dept.	Suite, Apt. #, etc 27 21st Fl. Attn:Corp. Tax Dept.
City & State 23 New York, New York	City & State 28 New York, New York
Zip / Country 24 10172 / 25	Zip / Country 29 10172 / 30

4. FEI Number: 13-3717365 ☐ 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	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 607.1506, 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
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required when filing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☐ DELETE	11 TITLE	VP	☒ Change ☐ Addition
NAME	GARRETT, CHARLES L		12 NAME	Garrett, Charles L.	
STREET ADDRESS	140 BROADWAY		13 STREET ADDRESS	277 Park Avenue	
CITY-ST-ZIP	NEW YORK NY 10005		14 CITY-ST-ZIP	New York, NY 10172	
TITLE	VP	☐ DELETE	21 TITLE	VP	☒ Change ☐ Addition
NAME	N. DANTE LA ROCCA		22 NAME	N. Dante La Rocca	
STREET ADDRESS	140 BROADWAY		23 STREET ADDRESS	277 Park Avenue	
CITY-ST-ZIP	NEW YORK NY 10005		24 CITY-ST-ZIP	New York, NY 10172	
TITLE	S	☐ DELETE	31 TITLE	S	☒ Change ☐ Addition
NAME	SIEGLER, THOMAS E		32 NAME	Siegler, Thomas E.	
STREET ADDRESS	140 BROADWAY		33 STREET ADDRESS	277 Park Avenue	
CITY-ST-ZIP	NEW YORK NY 10005		34 CITY-ST-ZIP	New York, NY 10172	
TITLE	AS	☐ DELETE	41 TITLE	AS	☒ Change ☐ Addition
NAME	POWER, CLAIRE M		42 NAME	Power, Claire M.	
STREET ADDRESS	140 BROADWAY		43 STREET ADDRESS	277 Park Avenue	
CITY-ST-ZIP	NEW YORK NY 10005		44 CITY-ST-ZIP	New York, NY 10172	
TITLE	D	☐ DELETE	51 TITLE	D	☒ Change ☐ Addition
NAME	ROITER, JAMES W		52 NAME	Roiter, James W.	
STREET ADDRESS	140 BROADWAY		53 STREET ADDRESS	277 Park Avenue	
CITY-ST-ZIP	NEW YORK NY 10005		54 CITY-ST-ZIP	New York, NY 10172	
TITLE		☐ DELETE	61 TITLE	Tax Manager	☐ Change ☒ Addition
NAME			62 NAME	Competiello Mark A.	
STREET ADDRESS			63 STREET ADDRESS	277 Park Avenue	
CITY-ST-ZIP			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)(k), 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 #