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FILED
Feb 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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
C/O DLJ INC 277 PARK AVENUE NEW YORK NY 10172 US	C/O DLJ INC 277 PARK AVE NEW YORK NY 10172 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/21/1993

2. Principal Place of Business	2a. Mailing Address
21 c/o DLJ, Inc.	26 c/o DLJ, Inc.
22 Suite, Apt. #, etc: 277 Park Ave, 35th Fl.	27 Suite, Apt. #, etc: 277 Park Ave, 35th Fl.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☐ DELETE	1.1 TITLE	DVP	☐ Change ☒ Addition
NAME	GARRETT, CHARLES L		1.2 NAME	Donald J. MacKinnon	
STREET ADDRESS	277 PARK AVE		1.3 STREET ADDRESS	277 Park Avenue	
CITY-ST-ZIP	NEW YORK NY		1.4 CITY-ST-ZIP	New York, NY 10172	
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	N. DANTE LA ROCCA		2.2 NAME		
STREET ADDRESS	277 PARK AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		2.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	3.1 TITLE	S	☐ Change ☒ Addition
NAME	SIEGLER, THOMAS E		3.2 NAME	Marjorie S. White	
STREET ADDRESS	277 PARK AVE		3.3 STREET ADDRESS	277 Park Avenue	
CITY-ST-ZIP	NEW YORK NY		3.4 CITY-ST-ZIP	New York, NY 10172	
TITLE	AS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	POWER, CLAIRE M		4.2 NAME		
STREET ADDRESS	277 PARK AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		4.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	5.1 TITLE	C/P	☒ Change ☐ Addition
NAME	KANTOR, STEVEN L.		5.2 NAME	Steven L. Kantor	
STREET ADDRESS	277 PARK AVENUE		5.3 STREET ADDRESS	277 Park Avenue	
CITY-ST-ZIP	NEW YORK NY		5.4 CITY-ST-ZIP	New York, NY 10172	
TITLE	T	☐ DELETE	6.1 TITLE	TX/M	☒ Change ☐ Addition
NAME	COMPETIELLO, MARK A.		6.2 NAME	Mark A. Competiello	
STREET ADDRESS	277 PARK AVENUE		6.3 STREET ADDRESS	277 Park Avenue	
CITY-ST-ZIP	NEW YORK NY		6.4 CITY-ST-ZIP	New York, NY 10172	

CR2E034 (10/97)

14. 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 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
Mark A. Competiello
Tax Manager
212-892-4939