


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 13 1997 8:00am  
Secretary of State

|   |  |   |  |
|---|--|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b>  |  |  FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| <b>DOCUMENT # F95000002049 (3)</b><br>1. Corporation Name<br><b>DLJ SERVICES, INC.</b>  |  |   |  |
| Principal Place of Business<br><b>C/O DLJ INC<br/>277 PARK AVENUE<br/>NEW YORK NY 10172<br/>US</b>  |  | Mailing Address<br><b>C/O DLJ INC<br/>277 PARK AVENUE 21ST FLOOR<br/>NEW YORK NY 10172-0003<br/>US</b>  |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country   |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country  |  |
| 3. Date Incorporated or Qualified<br><b>04/27/1995</b>  |  | 3a. Date of Last Report<br><b>05/01/1996</b>  |  |
| 4. FEI Number<br><b>13-3817414</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  |  | <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  |  | <b>\$5.00 May Be Added to Fees</b>  |  |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |   |  |
| 9. Name and Address of Current Registered Agent<br><b>CT CORPORATION SYSTEM<br/>1200 S. PINE ISLAND RD.<br/>PLANTATION FL 33324</b>   |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br><b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |   |  |
| 12. OFFICERS AND DIRECTORS  |  |   |  |
| TITLE   | PD   | <input checked="" type="checkbox"/> DELETE  |  |
| NAME  | ROITER, JAMES W  |   |  |
| STREET ADDRESS  | 277 PARK AVE   |   |  |
| CITY - ST - ZIP   | NEW YORK NY  |   |  |
| TITLE   | VD   | <input type="checkbox"/> DELETE   |  |
| NAME  | MACKINNON, DONALD J  |   |  |
| STREET ADDRESS  | 277 PARK AVENUE  |   |  |
| CITY - ST - ZIP   | NEW YORK NY  |   |  |
| TITLE   | VD   | <input checked="" type="checkbox"/> DELETE  |  |
| NAME  | GARRETT, CHARLES L   |   |  |
| STREET ADDRESS  | 277 PARK AVENUE  |   |  |
| CITY - ST - ZIP   | NEW YORK NY  |   |  |
| TITLE   | VD   | <input type="checkbox"/> DELETE   |  |
| NAME  | LAROCCA, N D   |   |  |
| STREET ADDRESS  | 277 PARK AVENUE  |   |  |
| CITY - ST - ZIP   | NEW YORK NY  |   |  |
| TITLE   | S  | <input type="checkbox"/> DELETE   |  |
| NAME  | SIEGLER, THOMAS E  |   |  |
| STREET ADDRESS  | 277 PARK AVE   |   |  |
| CITY - ST - ZIP   | NEW YORK NY  |   |  |
| TITLE   | AS   | <input type="checkbox"/> DELETE   |  |
| NAME  | POWER, CLAIRE M  |   |  |
| STREET ADDRESS  | 277 PARK AVE   |   |  |
| CITY - ST - ZIP   | NEW YORK NY  |   |  |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |  |   |  |
| 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |   |  |
| 1.2 NAME  |  |   |  |
| 1.3 STREET ADDRESS  |  |   |  |
| 1.4 CITY - ST - ZIP   |  |   |  |
| 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| 2.2 NAME  | PRESIDENT  |   |  |
| 2.3 STREET ADDRESS  | MACKINNON, DONALD J  |   |  |
| 2.4 CITY - ST - ZIP   | 277 PARK AVENUE NEW YORK, NY   |   |  |
| 3.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| 3.2 NAME  | VICE PRESIDENT   |   |  |
| 3.3 STREET ADDRESS  | GARRETT, CHARLES L   |   |  |
| 3.4 CITY - ST - ZIP   | 277 PARK AVENUE NEW YORK, NY   |   |  |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |   |  |
| 4.2 NAME  |  |   |  |
| 4.3 STREET ADDRESS  |  |   |  |
| 4.4 CITY - ST - ZIP   |  |   |  |
| 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |   |  |
| 5.2 NAME  |  |   |  |
| 5.3 STREET ADDRESS  |  |   |  |
| 5.4 CITY - ST - ZIP   |  |   |  |
| 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |   |  |
| 6.2 NAME  |  |   |  |
| 6.3 STREET ADDRESS  |  |   |  |
| 6.4 CITY - ST - ZIP   |  |   |  |

SIGNATURE: Thomas E. Siegler **REQUIRED** Thomas E. Siegler 1/16/97 (212) 892-4939

CR2E034 (9/96)