

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

**FILED**  
**Feb 27 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95000002049 (3)**  
 1. Corporation Name  
**DLJ SERVICES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>C/O DLJ INC                  277 PARK AVENUE                  NEW YORK NY 10172                  US</b>	Mailing Address <b>C/O DLJ INC                  277 PARK AVENUE 21ST FLOOR                  NEW YORK NY 10172                  US</b>
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3. Date Incorporated or Qualified <b>04/27/1995</b>	4. FEI Number <b>13-3817414</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 <b>c/o DLJ, Inc.</b> Suite, Apt. #, etc. 22 <b>277 Park Avenue, 35 Fl.</b> City & State 23 Zip Country 24	2a. Mailing Address 26 <b>c/o DLJ, Inc.</b> Suite, Apt. #, etc. 27 <b>277 Park Ave., 35<sup>th</sup> Floor</b> City & State 28 Zip Country 29
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9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND RD.  
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

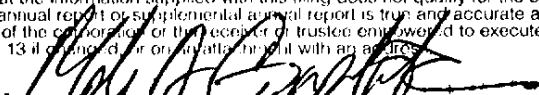
81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>C/P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MACKINNON, DONALD J</b>	1.2 NAME	<b>Donald J. MacKinnon</b>
STREET ADDRESS	<b>277 PARK AVENUE</b>	1.3 STREET ADDRESS	<b>277 Park Avenue</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>	1.4 CITY-ST-ZIP	<b>New York, NY 10172</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>V/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARRETT, CHARLES L</b>	2.2 NAME	<b>Charles L. Garrett</b>
STREET ADDRESS	<b>277 PARK AVENUE</b>	2.3 STREET ADDRESS	<b>277 Park Avenue</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>	2.4 CITY-ST-ZIP	<b>New York, NY 10172</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>V/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAROCCA, N D</b>	3.2 NAME	<b>N. Dante LaRocca</b>
STREET ADDRESS	<b>277 PARK AVENUE</b>	3.3 STREET ADDRESS	<b>277 Park Avenue</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>	3.4 CITY-ST-ZIP	<b>New York, NY 10172</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SIEGLER, THOMAS E</b>	4.2 NAME	<b>Marjorie S. White</b>
STREET ADDRESS	<b>277 PARK AVE</b>	4.3 STREET ADDRESS	<b>277 Park Avenue</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>	4.4 CITY-ST-ZIP	<b>New York, NY 10172</b>
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>TX/M</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>POWER, CLAIRE M</b>	5.2 NAME	<b>Mark A. Competiello</b>
STREET ADDRESS	<b>277 PARK AVE</b>	5.3 STREET ADDRESS	<b>277 Park Avenue</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>	5.4 CITY-ST-ZIP	<b>New York, NY 10172</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 executor 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 my affidavit with an affidavit.

SIGNATURE:  **Mark A. Competiello**  
 Tax Manager FEB 17 1998 212-892-4939

CP2E034 (10/97)