


**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90247 033 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **F 97000 000 789**  
 1. Entity Name  
**Merrill Lynch Private Finance Inc.**



**11017318**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>355 Alhambra Circle</b>		3. Mailing Address <b>800 Scudders Mill Road</b>	
Suite, Apt. #, etc. <b>15th Floor</b>		Suite, Apt. #, etc. <b>Section 1-E</b>	
City & State <b>Coral Gables, FL</b>		City & State <b>Plainsboro, NJ</b>	
Zip <b>33134</b>	Country <b>USA</b>	Zip <b>08536</b>	Country <b>USA</b>

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number <b>13-3905240</b>		Applied For Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
	7. Name and Address of Current Registered Agent		
	Name <b>CT Corporation System</b>	Street Address (P.O. Box Number is Not Acceptable) <b>1200 South Pine Island Road</b>	
City <b>Plantation</b>	FL	Zip Code <b>33324</b>	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS			
TITLE P	NAME <b>Bill E. Sappington</b>	TITLE	
STREET ADDRESS <b>800 <del>Scudders</del> Scudders Mill Road</b>	CITY-ST-ZIP <b>Plainsboro NJ 08536</b>	STREET ADDRESS	
TITLE	NAME <b>Michael J. Braboy</b>	TITLE	
STREET ADDRESS <b>800 Scudders Mill Road</b>	CITY-ST-ZIP <b>Plainsboro, NJ 08536</b>	STREET ADDRESS	
TITLE	NAME <b>David S. Berger</b>	TITLE	
STREET ADDRESS <b>800 Scudders Mill Road</b>	CITY-ST-ZIP <b>Plainsboro, NJ 08536</b>	STREET ADDRESS	
TITLE	NAME <b>Carlos Martinez</b>	TITLE	
STREET ADDRESS <b>355 Alhambra Circle, 15th Fl.</b>	CITY-ST-ZIP <b>Coral Gables, FL 33134</b>	STREET ADDRESS	
TITLE	NAME <b>Mark S. Leiman</b>	TITLE	
STREET ADDRESS <b>800 Scudders Mill Road</b>	CITY-ST-ZIP <b>Plainsboro, NJ 08536</b>	STREET ADDRESS	
TITLE	NAME	TITLE	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or on an attachment with an address, with all other title empowered.

SIGNATURE: \_\_\_\_\_ **4/24/03** **609-212-6502**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)