

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F990000000197 ✓

1. Entity Name

DLJdirect, Inc.

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90007 026 ***150.00

Principal Place of Business

Mailing Address

C/O DLJ, INC. ATTN: CORP TAX
277 PARK AVE
NEW YORK NY 10172-0003
US

2. Principal Place of Business

Harborside Financial Center

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jersey City, NJ

City & State

Zip

07311

Country

USA

Zip

Country

4. FEI Number

13-3902248

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	S
STREET ADDRESS	WHITE, MARJORIE S
CITY-ST-ZIP	277 PARK AVENUE NEW YORK NY 10172
TITLE	<input type="checkbox"/> Delete
NAME	T
STREET ADDRESS	COMPETIELLO, MARK A
CITY-ST-ZIP	277 PARK AVENUE NEW YORK NY 10172
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C/P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pechter, Richard S.	
STREET ADDRESS	Harborside Financial Center	
CITY-ST-ZIP	Jersey City, NJ 07311	
TITLE	P/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tongue, Glenn H.	
STREET ADDRESS	277 Park Avenue	
CITY-ST-ZIP	New York, NY 10172	
TITLE	V/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hogan, Michael J.	
STREET ADDRESS	Harborside Financial Center	
CITY-ST-ZIP	Jersey City, NJ 07311	
TITLE	V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hendrickson, Charles J.	
STREET ADDRESS	277 Park Avenue	
CITY-ST-ZIP	New York, NY 10172	

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark A. Competiello

MAY 01 2000

Date

(212) 892-4939

Daytime Phone #