FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 10:47

DOCUMENT # **P15767** **(7)**

1. Corporation Name

MERRILL LYNCH BUSINESS FINANCIAL SERVICES INC.

Principal Place of Business	Mailing Address
C/O C T CORPORTION SYSTEM 1633 BROADWAY NEW YORK NY 10019	C/O C T CORPORTION SYSTEM 1633 BROADWAY NEW YORK NY 10019

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/31/1987
3a. Date of Last Report: 04/13/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 13-3399559 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ 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	VD	11 TITLE	☐ Change ☐ Addition
NAME	FELDMAN, JEFFREY S.	12 NAME	
STREET ADDRESS	800 SCUDDERS MILL ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	PLAINSBORO NJ	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	KREUDER, RICHARD	22 NAME	
STREET ADDRESS	100 CHURCH STREET, 10TH FLOOR	23 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10080-6512	24 CITY-ST-ZIP	
TITLE	VT	31 TITLE	☐ Change ☐ Addition
NAME	TROCCOLI, MMICHAEL J	32 NAME	
STREET ADDRESS	800 SCUDDERS MILL ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	PLAINSBORO NJ 08536	34 CITY-ST-ZIP	
TITLE	PD	41 TITLE	☐ Change ☐ Addition
NAME	HANSON, RICHARD A	42 NAME	
STREET ADDRESS	800 SCUDDERS MILL ROAD	43 STREET ADDRESS	
CITY-ST-ZIP	PLAINSBORO NJ	44 CITY-ST-ZIP	
TITLE	CD	51 TITLE	☐ Change ☐ Addition
NAME	THOMA, G. STEPHEN	52 NAME	
STREET ADDRESS	800 SCUDDERS MILL ROAD	53 STREET ADDRESS	
CITY-ST-ZIP	PLAINSBORO NJ	54 CITY-ST-ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	KEPKE, JAMES A.	62 NAME	
STREET ADDRESS	800 SCUDDERS MILL RD.	63 STREET ADDRESS	
CITY-ST-ZIP	PLAINSBORO NJ	64 CITY-ST-ZIP	

Vo _____ Sep Ck
Ve 0302533400 (20)
Chrg _____
Reviewed By _____

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Michael J Troccoli 6/1/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date
Michael J Troccoli

0986034 FP