2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15767

FILED Mar 24, 2004 Secretary of State

Entity Name: MERRILL LYNCH BUSINESS FINANCIAL SERVICES INC.

Current Principal Place of Business:			New Prin	New Principal Place of Business:		
222 N. LAS CHICAGO						
Current Mailing Address: 800 SCUDDERS MILL RD. SECTION 3B PLAINSBORO, NJ 08536			New Mai	New Mailing Address: 800 SCUDDERS MILL RD. SECTION 1E PLAINSBORO, NJ 08536		
			SECTION			
FEI Number: 13-3399559 FEI Number Applied For () FEI Nu			FEI Number Not Ap	mber Not Applicable () Certificate of Status Desired ()		
Name and	Address of (Current Registered Agent:	Name an	d Address o	of New Registered Agent:	
1201 HAY: SUITE 105 TALLAHA:	S STREET 5 SSEE, FL 323			ite registere	d office or registered agent, or botl	
in the State	e of Florida.	submits this statement for the p	ourpose or changing	rits registere	d office of registered agent, or both	
SIGNATUI	RE:					
	Electro	nic Signature of Registered Ag	ent		Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	S (FRANCESCON 222 N. LASALL CHICAGO, IL	E ST	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VAS (TENERELLI, N 222 N. LASALL CHICAGO, IL	E ST	Title: Name: Address: City-St-Zip:	222 N. LAS		
Title: Name: Address: City-St-Zip:	DSVP (TROCCOLI, MI 800 SCUDDER PLAINSBORO,	S MILL ROAD	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	CB (TRALKA, DAVI 800 SCUDDER PLAINSBORO,	S MILL RD	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	V (KOPCZYNSKI, 222 N. LASALL CHICAGO, IL	E ST	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	DEVP (KOEPKE, JAM 222 N LASALL CHICAGO, IL	E STREET	Title: Name: Address: City-St-Zip:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL J. TROCCOLI DSVP 03/24/2004