

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P35503** (2)

1. Corporation Name
DLJ REALTY SERVICES, INC.



Principal Place of Business: **140 BROADWAY 29TH FLOOR NEW YORK NY 10005**
Mailing Address: **C/O DONALDSON LUFKIN & JENRETTE INC 140 BROADWAY ATTN: TAX DEPT NEW YORK NY 10005 US**

3. Date incorporated or Qualified: **09/13/1991**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **13-2791329**
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

2. Principal Place of Business: **DLJ Inc. 277 Park Avenue**
21. Suite, Apt. #, etc.:
22. **21st Fl. Attn:Corp. Tax Dept.**
23. **New York, New York**
24. **10172**
25. **NY**
26. **DLJ Inc. 277 Park Avenue**
27. **21st Fl. Attn:Corp. Tax Dept.**
28. **New York, New York**
29. **10172**
30. **NY**

9. Name and Address of Current Registered Agent
**STELNIK, MARK E.
7900 SW 24TH ST., STE. 102
DAVE 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 607.1506, 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 type in printed name of registered agent and the applicable FEI, FEI No. and Page 11 signature must be handwritten

12. OFFICERS AND DIRECTORS

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	WINSTON, JOHN	
STREET ADDRESS	140 BROADWAY, 29TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	BERN, CHARLES S.	
STREET ADDRESS	140 BROADWAY, 29TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	VAKHARIA, RAJ	
STREET ADDRESS	140 BROADWAY, 29TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	STELNIK, MARK E.	
STREET ADDRESS	7900 SW 24TH ST.	
CITY-ST-ZIP	DAVE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Winston, John	
1.3 STREET ADDRESS	277 Park Avenue	
1.4 CITY-ST-ZIP	New York, NY 10172	
2.1 TITLE	SVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Bern, Charles S.	
2.3 STREET ADDRESS	277 Park Avenue	
2.4 CITY-ST-ZIP	New York, NY 10172	
3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Vakharia, Raj	
3.3 STREET ADDRESS	277 Park Avenue	
3.4 CITY-ST-ZIP	New York, NY 10172	
4.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Stelnik, Mark E.	
4.3 STREET ADDRESS	277 Park Avenue	
4.4 CITY-ST-ZIP	New York, NY 10172	
5.1 TITLE	Director of Taxes	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Flamberg, Stuart S.	
5.3 STREET ADDRESS	277 Park Avenue	
5.4 CITY-ST-ZIP	New York, NY 10172	
6.1 TITLE	Tax Manager	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Competiello, Mark A.	
6.3 STREET ADDRESS	277 Park Avenue	
6.4 CITY-ST-ZIP	New York, NY 10172	

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)(k), 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: *Mark A. Competiello*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

(212) 892-4939

CR2E034 (12/95)