

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90005 010 \*\*\*150.00

**DOCUMENT # P35503**

1. Entity Name  
~~DLJ REALTY SERVICES, INC.~~  
**CSFB REALTY CORP.**

Principal Place of Business C/O DLJ, INC. ATTN: CORP TAX 277 PARK AVE NEW YORK NY 10172 US	Mailing Address C/O DLJ, INC. ATTN: CORP TAX 277 PARK AVE NEW YORK NY 10172 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 277 Park Avenue Suite, Apt. #, etc.	3. Mailing Address c/o CSFB (USA), Inc. Suite, Apt. #, etc. 277 Park Avenue, Attn: Tax Dept.
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City & State New York, NY	City & State New York, NY	4. FEI Number 13-2791329	Applied For <input type="checkbox"/> Available
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Zip 10172	Country USA	Zip 10172	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  STELNIK, MARK E. 7900 SW 24TH ST., STE. 102 DAVIE FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WINSTON, JOHN 120 BROADWAY NEW YORK NY 10005 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/CEO/D George P. Twill 277 Park Avenue New York, NY 10172 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BERN, CHARLES S. 120 BROADWAY NEW YORK NY 10005 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Lori M. Russo 11 Madison Avenue New York, NY 10010 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MTD VAKHARIA, RAJENDRA 277 PARK AVENUE NEW YORK NY 10172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DANIELS, JO-ANN C 277 PARK AVE NEW YORK NY 10172 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FLAMBERG, STUART S 277 PARK AVENUE NEW YORK NY 10172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTM COMPETIELLO, MARK A 277 PARK AVENUE NEW YORK NY 10172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 life employees.

SIGNATURE: Mark A. Competiello APR 27 2001 (212) 892-4939  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)