

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005567

FILED  
Apr 07, 2011  
Secretary of State

**Entity Name:** UBS AMERICAS INC.

**Current Principal Place of Business:**

677 WASHINGTON BLVD.  
STAMFORD, CT 06901

**New Principal Place of Business:**

**Current Mailing Address:**

677 WASHINGTON BLVD.  
STAMFORD, CT 06901

**New Mailing Address:**

**FEI Number:** 06-1595848

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ROSEBORO, BRIAN  
Address: 677 WASHINGTON BLVD.  
City-St-Zip: STAMFORD, CT 06901 US

Title: DT  
Name: DYRVIK, PER  
Address: 677 WASHINGTON BLVD.  
City-St-Zip: STAMFORD, CT 06901 US

Title: CPD  
Name: RESSEL, TERESA  
Address: 677 WASHINGTON BLVD  
City-St-Zip: STAMFORD, CT 06901 US

Title: MD  
Name: SCHWYTER, ANNELIESE  
Address: 677 WASHINGTON BLVD.  
City-St-Zip: STAMFORD, CT 06901

Title: DCFO  
Name: FREY, WILLIAM  
Address: 1000 HARBOR BLVD.  
City-St-Zip: WEEHAWKEN, NJ 07086

Title: D  
Name: DYRVIK, PER  
Address: 677 WASHINGTON BLVD  
City-St-Zip: STAMFORD, CT 06901

I hereby 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 all other like empowered.

SIGNATURE: BRIAN ROSEBORO

PRES

04/07/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date