2005 LIMITED LIABILITY COMPANY

ANNUAL REPORT

Jan 24, 2005 8:00 am Secretary of State DOCUMENT # M0300000016 01-24-2005 90108 002 ****50.00 CREDIT SUISSE FIRST BOSTON LLC Principal Place of Business Mailing Address 20003725 11 MADISON AVENUE 11 MADISON AVENUE NEW YORK, NY 10010 NEW YORK, NY 10010 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 05-0546650 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGR TITLE Delete TITLE ☐ Change Addition CEO MACK, JOHN J NAME NAME BRIAN D. FINN STREET ADDRESS 11 MADISON AVENUE STREET ADDRESS 11 MADISON AVENUE CITY-ST-ZIP NEW YORK, NY 10010 CITY-ST-ZIP NEW YORK, NY 10010 ASSISTANT TREASURER TITLE MGR TITLE Delete ☐ Change Addition NAME DOUGAN, BRADY W NAME RAYMOND.M. DISCO STREET ADDRESS 11 MADISON AVENUE STREET ADDRESS 11 MADISON AVENUE, NEW YORK, NY:10010 CITY-ST-ZIP NEW YORK, NY 10010 CITY-ST-ZIP MANAGING DIRECTOR MGR K Delete

LORI M. RUSSO STREET ADDRESS STREET ADORESS 11 MADISON AVENUE CITY-ST-ZIP CITY-ST-ZIP 11. 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. | further certify that the information

indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the eceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

Detete

☐ Delete

Delete

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

JEROME C. WOOD

SECRETARY

11 MADISON AVENUE

MANAGING DIRECTOR

NEW YORK, NY 100100

FRANK J. DECONGELIO

SIGNATURE: SIGNATURE AND TYPED OR PR

ONIS CARLOS

MGR

DT

11 MADISON AVENUE

NEW YORK, NY 10010

11 MADISON AVENUE

NEW YORK, NY 10010

FLYNN, EDWARD W

11 MADISON AVENUE

NEW YORK, NY 10010

FISHER, DAVID C

TITLE

NAME

TITLE

NAME

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-ZIP

EDWARD W? FLYNN

1-11-05

11 MADISON AVENUE, NEW YORK, NY 10010

FILED

(212) Daytime Phone

☐ Change

☐ Change

Change

☐ Change

⊠ Addition

Addition

☐ Addition

Sc Addition

ME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE