

**2009 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2009  
Secretary of State**

DOCUMENT# P13885

Entity Name: BANCO DEL PICHINCHA C.A.

**Current Principal Place of Business:**

CASA MATRIZ  
AV. AMAZONAS 4560 E INAQUITO  
QUITO, ECUADOR, EC

**New Principal Place of Business:**

BANCO PICHINCHA C.A.  
AV. AMAZONAS 4560 E INAQUITO  
QUITO, ECUADOR, EC

**Current Mailing Address:**

1111 BRICKELL AVE  
26TH FL  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: 59-2752883      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PAYAN, FRANCISCO  
1111 BRICKELL AVE 26TH FL  
MIAMI, FL 33131 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: DAVALOS SALAZAR, ERNESTO  
Address: AV AMAZONAS 4560 E INAQUITO  
City-St-Zip: QUITO, ECUADOR, EC

Title: D      ( ) Delete  
Name: PEREZ ESPINOZA, ANDRES  
Address: AV AMAZONAS 4560 E INAQUITO  
City-St-Zip: QUITO, EC

Title: D      ( ) Delete  
Name: EGAS SOSA, FIDEL E  
Address: AV AMAZONAS 4560 E INAQUITO  
City-St-Zip: QUITO, EC

Title: P      ( ) Delete  
Name: EGAS GRIJALVA, FIDEL  
Address: AV AMAZONAS 4560 E INAQUITO  
City-St-Zip: QUITO, EC

Title: D      ( ) Delete  
Name: GRANJA AVALOS, WILSON  
Address: AV AMAZONAS 4560 E INAQUITO  
City-St-Zip: QUITO, EC

Title: D      ( ) Delete  
Name: SUAREZ BUCHELI, CARLOS  
Address: AV AMAZONAS 4560 E INAQUITO  
City-St-Zip: QUITO, EC

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: FRANCISCO PAYAN

O

04/30/2009

Electronic Signature of Signing Officer or Director

Date