

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004492

FILED
Apr 23, 2009
Secretary of State

Entity Name: BANCO DE CREDITO DEL PERU

Current Principal Place of Business:

121 ALHAMBRA PLAZA
SUITE 1200
CORAL GABLES, FL 33134

New Principal Place of Business:

121 ALHAMBRA PLAZA
SUITE 1200
CORAL GABLES, FL 33134 US

Current Mailing Address:

2525 PONCE DE LEON BLVD.
SUITE 1225
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 13-2994246 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INTERAMERICAN CORPORATE SERVICES LLC
2525 PONCE DE LEON BLVD.
SUITE 1225
CORAL GABLES, FL 33134 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: C () Delete
Name: ROMERO, DIONISIO
Address: 121 ALHAMBRA PLAZA, SUITE 1200
City-St-Zip: CORAL GABLES, FL 33134

Title: VC () Delete
Name: NICOLINI, LUIS
Address: 121 ALHAMBRA PLAZA, SUITE 1200
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: CAMET, JORGE
Address: 121 ALHAMBRA PLAZA, SUITE 1200
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: FORT, FERNANDO
Address: 121 ALHAMBRA PLAZA, SUITE 1200
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: LLOSA, REYNALDO
Address: 121 ALHAMBRA PLAZA, SUITE 1200
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: NIERI, LUIS
Address: 121 ALHAMBRA PLAZA, SUITE 1200
City-St-Zip: CORAL GABLES, FL 33134

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: D (X) Change () Addition
Name: CIGUEÑAS, BENEDICTO
Address: 121 ALHAMBRA PLAZA, SUITE 1200
City-St-Zip: CORAL GABLES, FL 33134

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: DIONISIO ROMERO

C

04/23/2009

Electronic Signature of Signing Officer or Director

Date