


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 857141</b> 1. Entity Name <b>THE FIRST BOSTON CAPITAL GROUP, INC</b>	
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Principal Place of Business <b>C/O CSFB, INC., ATTN: TAX DEPT. 11 MADISON AVE NEW YORK, NY 10010 US</b>	Mailing Address <b>C/O CSFB, INC., ATTN: TAX DEPT. 11 MADISON AVE NEW YORK, NY 10010 US</b>
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04262004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>22-2365394</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**U00000159831  
05/11/04-80004-021 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S RUSSO, LORIM ONE MADISON AVENUE NEW YORK, NY</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FLYNN, ED 11 MADISON AVENUE NEW YORK, NY 10010</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C ZINGALLI, THOMAS 11 MADISON AVENUE NEW YORK, NY 10010</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS MATTY, RHONDA ONE MADISON AVENUE NEW YORK, NY 10010</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**I.P. V.P. & DIRECTOR OF TAX**

Date

**4/09/04 (212) 325-58**