

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003311

FILED
Apr 19, 2007
Secretary of State

Entity Name: CREDIT SUISSE FINANCIAL CORPORATION

Current Principal Place of Business:

302 CARNEGIE CENTER, 2ND FLOOR
PRINCETON, NJ 08540

New Principal Place of Business:

Current Mailing Address:

11 MADISON AVE 8TH FL
ATTN : TAX DEPT
NEW YORK, NY 10010

New Mailing Address:

FEI Number: 13-4134467 **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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TOBIN, SUSAN F
Address: 302 CARNEGIE CIR 2ND FL
City-St-Zip: PRINCETON, NJ 08540

Title: T () Delete
Name: ONIS, CARLOS
Address: 11 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10010

Title: V () Delete
Name: ROSEMAN, DOUGLAS
Address: 11 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10010

Title: S () Delete
Name: GAYO, MARIE F
Address: 302 CARNEGIE CIR 2ND FL
City-St-Zip: PRINCETON, NJ 08540

Title: D () Delete
Name: FALLACARA, MICHAEL
Address: 11 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10010

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TOBIN, SUSAN F
Address: 11 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10010

Title: TD (X) Change () Addition
Name: ONIS, CARLOS
Address: 11 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10010

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 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: DOUGLAS ROSEMAN

V

04/19/2007

Electronic Signature of Signing Officer or Director

_____ Date