2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005567

Entity Name: UBS AMERICAS INC.

City-St-Zip: STAMFORD, CT 06901 US

FILED Apr 13, 2009 Secretary of State

Entity Na	me: UBS AME	RICAS INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	HINGTON BLVI RD, CT 06901	D.				
Current Mailing Address:			New Mailing Address:			
	HINGTON BLVI RD, CT 06901	D.				
FEI Number	: 06-1595848	FEI Number Applied For ()	FEI Number Not Appl	icable () Certificate of Status Desired ()		
Name and	l Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:		
1201 HAY	ATION SERVIC S STREET SSEE, FL 3230					
	e named entity s e of Florida.	submits this statement for the p	urpose of changing i	ts registered office or registered agent, or both,		
SIGNATUI	RE:					
	Electron	ic Signature of Registered Age	ent	Date		
Election Ca	mpaign Financing	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DP () RESSEL, TERE 677 WASHINGT STAMFORD, C	ON BLVD.	Title: Name: Address: City-St-Zip:	CPC (X) Change () Addition CAROLYN, WIND 677 WASHINGTON BLVD. STAMFORD, CT 06901 US		
Title: Name: Address: City-St-Zip:	DT () DYRVIK, PER 677 WASHINGT STAMFORD, C		Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	D () SCHWYTER, AI 677 WASHINGT STAMFORD, C	ON BLVD.	Title: Name: Address: City-St-Zip:	AT (X) Change () Addition LOUIS, DEVICO 1000 HARBOUR BLVD WEEHAWKEN, NJ 07086 US		
Title: Name: Address: City-St-Zip:	AS () NUTSON, JANE 677 WASHINGT STAMFORD, C	ON BLVD.	Title: Name: Address: City-St-Zip:	S (X) Change () Addition NUTSON, JANE E 677 WASHINGTON BLVD. STAMFORD, CT 06901		
Title: Name: Address:	D (X) TUCKNER, TOE 677 WASHINGT		Title: Name: Address:	() Change () Addition		

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.

City-St-Zip:

SIGNATURE: JANE E. NUTSON S 04/13/2009