2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# F02000002175

Entity Name: UBS INTERNATIONAL INC.

Current Principal Place of Business:

101 PARK AVENUE
NEW YORK, NY 10178

New Principal Place of Business:

Current Mailing Address:

800 HARBOR BLVD
TAX DEPT 1ST FLOOR
WEEHAWKEN, NJ 07086

New Mailing Address:

FEI Number: 30-0015266 **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: D ( ) Delete
Name: BRYDE, ANNABELLE K
Address: 800 HARBOR BLVD
City-St-Zip: WEEHAWKEN, NJ 07086

Title: CD ( ) Delete
Name: RICARDO, GONZALEZ
Address: 101 PARK AVENUE
City-St-Zip: NEW YORK, NY 10178

Title: CFO ( ) Delete
Name: ALVEY, ESTILL L
Address: 101 PARK AVE.
City-St-Zip: NEW YORK, NY 10178

Title: CEO ( ) Delete
Name: DODD, DAVID
Address: 101 PARK AVE
City-St-Zip: NEW YORK, NY 10178

Title: DS ( ) Delete
Name: NOAH, SCOTT
Address: 101 PARK AVENUE
City-St-Zip: NEW YORK, NY 10178

Title: AT ( ) Delete
Name: DEVICO, LOUIS
Address: 800 HARBOR BLVD
City-St-Zip: WEEHAWKEN, NJ 07086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BURRI, RUEDI
Address: 800 HARBOR BLVD
City-St-Zip: WEEHAWKEN, NJ 07086

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

Title: CFO (X) Change ( ) Addition
Name: CHAO, ROBERT
Address: 101 PARK AVE.
City-St-Zip: NEW YORK, NY 10178

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

Title: CCO (X) Change ( ) Addition
Name: TOWNLEY, KENNETH
Address: 101 PARK AVENUE
City-St-Zip: NEW YORK, NY 10178

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: LOUIS DEVICO AT 04/27/2009

Electronic Signature of Signing Officer or Director — Date