

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000004055

Entity Name: COLUMN FINANCIAL, INC.

FILED
Apr 19, 2007
Secretary of State

Current Principal Place of Business:

3414 PEACHTREE ROAD N.E.
SUITE 1140
ATLANTA, GA 303261162 US

New Principal Place of Business:

Current Mailing Address:

C/O CSFB, INC.
11 MADISON AVENUE, CORP. TAX DEPT
NEW YORK, NY 10010 US

New Mailing Address:

FEI Number: 58-2061106 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 32301 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: SVPT () Delete
Name: MOORE, DARRELL W
Address: 3414 PEACHTREE RD, NE, STE 1140
City-St-Zip: ATLANTA, GA 303261162

Title: P () Delete
Name: GOLDEN, GREGORY R
Address: 5100 TENNYSON PARKWAY STE 2400
City-St-Zip: PLANO, TX 75024

Title: S () Delete
Name: RUSSO, LORI M
Address: ONE MADISON AVE.
City-St-Zip: NEW YORK, NY 10010

Title: CEO () Delete
Name: QUINN, KIERAN P
Address: 3414 PEACHTREE ROAD, N.E., SUITE 1140
City-St-Zip: ATLANTA, GA 303261162

Title: V () Delete
Name: BRENNAN, ROBERT
Address: 11 MADISON AVE.
City-St-Zip: NEW YORK, NY 10010

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: GOLDEN, GREGORY R
Address: 7161 BISHOP RD.
City-St-Zip: PLANO, TX 75024

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:

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