

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P19557 (8)**  
1. Corporation Name  
**CREDIT SUISSE FIRST BOSTON CORPORATION**

Principal Place of Business  
**11 MADISON AVENUE  
NEW YORK NY 10010-3629**

Mailing Address  
**11 MADISON AVENUE  
TAX DEPARTMENT  
NEW YORK NY 10010-3629**

**FILED**  
**Oct 15 1998 8:00am**  
**Secretary of State**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**21 11 Madison Avenue**

2a. Mailing Address  
**26 11 Madison Avenue**

3. Date Incorporated or Qualified  
**06/07/1988**

4. FEI Number  
**13-5659485**

Applied For  
☐ Not Applicable

Suite, Apt. #, etc.  
**22**  
City & State  
**23 New York, NY**

Suite, Apt. #, etc.  
**27**  
City & State  
**28 New York, NY**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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

Zip  
**24 10010** Country  
**25 USA**

Zip  
**29 10010** Country  
**30 USA**

7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

8. Name and Address of Current Registered Agent

**PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYES ST.  
STE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

**81 Name**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**83**  
**84 City** **FL** **85 Zip Code**

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	RIECKE, AGNES F	
STREET ADDRESS	55 EAST 52ND STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DEGENNARO, THOMAS A	
STREET ADDRESS	55 EAST 52ND STREET	
CITY-ST-ZIP	NEW YORK NY 10010	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WHEAT, ALLEN D.	
STREET ADDRESS	55 EAST 52ND STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WIRSHBA, LEWIS H	
STREET ADDRESS	55 EAST 52ND STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HENNESSY, JOHN, M	
STREET ADDRESS	55 EAST 52ND STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	THORNBURGH, RICARD E	
STREET ADDRESS	55 EAST 52ND STREET	
CITY-ST-ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Lori M. Russo	
1.3 STREET ADDRESS	11 Madison Avenue	
1.4 CITY-ST-ZIP	New York, NY 10010	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	11 Madison Avenue	
2.3 STREET ADDRESS	New York, NY 10010	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	11 Madison Avenue	
3.3 STREET ADDRESS	New York, NY 10010	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	11 Madison Avenue	
4.3 STREET ADDRESS	New York, NY 10010	
4.4 CITY-ST-ZIP		
5.1 TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Carlos Onis	
5.3 STREET ADDRESS	11 Madison Avenue	
5.4 CITY-ST-ZIP	New York, NY 10010	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Craig H. Foster	
6.3 STREET ADDRESS	11 Madison Avenue	
6.4 CITY-ST-ZIP	New York, NY 10010	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thomas A. DeGennaro*

30. Sept-98

CR2E034 (5/98)