

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000007407

FILED  
May 01, 2009  
Secretary of State

Entity Name: CREDIT SUISSE

**Current Principal Place of Business:**

PARADEPLATZ 8  
8070 ZURICH  
SWITZERLAND, SW XXXXX SW

**New Principal Place of Business:**

**New Mailing Address:**

PARADEPLATZ 8  
8070 ZURICH  
SWITZERLAND, SW XXXXX SW

**Current Mailing Address:**

2525 PONCE DE LEON BLVD.  
SUITE 1225  
CORAL GABLES, FL 33134 US

FEI Number: 13-5015677      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

INTERAMERICAN CORPORATE SERVICES LLC  
2525 PONCE DE LEON BLVD.  
SUITE 1225  
CORAL GABLES, FL 33134 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: KIELHOLZ, WALTER B  
Address: PARADEPLATZ 8  
City-St-Zip: 8070 ZURICH, SWITZERLAND, SW XXXXX SW

Title: VCD ( ) Delete  
Name: DOERIG, HANS-ULRICH  
Address: PARADEPLATZ 8  
City-St-Zip: 8070 ZURICH, SWITZERLAND, SW XXXXX SW

Title: CEO ( ) Delete  
Name: DOUGAN, BRADY W  
Address: PARADEPLATZ 8  
City-St-Zip: 8070 ZURICH, SWITZERLAND, SW XXXXX SW

Title: CFO ( ) Delete  
Name: FASSBIND, RENATO  
Address: PARADEPLATZ 8  
City-St-Zip: 8070 ZURICH, SWITZERLAND, SW XXXXX SW

Title: CRO ( ) Delete  
Name: ERVIN, D. WILSON  
Address: PARADEPLATZ 8  
City-St-Zip: 8070 ZURICH, SWITZERLAND, SW XXXXX SW

Title: CEO ( ) Delete  
Name: BERCHTOLD, WALTER  
Address: PARADEPLATZ 8  
City-St-Zip: 8070 ZURICH, SWITZERLAND, SW XXXXX SW

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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:

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 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: BRADY W DOUGAN

CEO

05/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date