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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street.
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: $50.00* **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation			
120417	Credit Suisse Financial Corporation			
3. Street Address Principal Business Office		City	State	ZIP
11 Madison Avenue, Corp Tax Dept		New York	NY	10010
4. Business Phone No.	5. State of Incorporation			
212-325-2000	Delaware			

6. Brief Description of the Character of Business Conducted in Rhode Island
Residential Loan Origination

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name			Vice President Name		
SUSAN F TOBIN			DOUGLAS ROSEMAN		
Street Address			Street Address		
11 MADISON AVENUE			11 MADISON AVENUE		
City	State	ZIP	City	State	ZIP
NEW YORK	NY	10010	NEW YORK	NY	10010
Secretary Name			**Treasurer Name**		
MARIE F GAYO			PETER J. FEENEY		
Street Address			Street Address		
302 CARNEGIE CTR, 2ND FLOOR			11 MADISON AVENUE		
City	State	ZIP	City	State	ZIP
PRINCETON	NJ	08540	NEW YORK	NY	10010

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name			Director Name		
ANDREW KIMURA			PATRICK A REMMERT, JR		
Street Address			Street Address		
11 MADISON AVENUE			11 MADISON AVENUE		
City	State	ZIP	City	State	ZIP
NEW YORK	NY	10010	NEW YORK	NY	10010
Director Name			**Director Name**		
SUSAN F TOBIN					
Street Address			Street Address		
11 MADISON AVENUE					
City	State	ZIP	City	State	ZIP
NEW YORK	NY	10010			

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ **10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐**

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	COMMON	0.10	1,000	Common	0.10

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

[redacted]

File Date FILED
Check No. MAR 06 2008
By By 440699 KM

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[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Douglas Roseman — 01/25/2008
Signature *Date*

DOUGLAS ROSEMAN
Print or Type Name

[redacted] VICE PRESIDENT
Title

Form 630 Rev. 12/06