

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

rkurii Cukrukaliui	I AINNUAL KEPUKI	TUK IDE IEAN	(
Filing Period: January 1 - March 1 •	Filing Fee: \$50.00		•
EARL MUST BE TUBER IN BLACK			

Compose 1D No.     120417     2. Name of Corporation     120417     2. Name of Corporation     3. Street Address Principal Business Office   Sure     11 Madison Ave   Attn: Corporate Tax Dept   New York   NY   10010     4. Suines Phone No.   3. Saire   J. Saire   New York   NY   10010     5. Brief Description of the Character of Business Conducted in Rhode Island     8. Res.1dential Loan Origination     8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)   FILL IN SPACES REFORE USING ATTACHMENTS     Fresiden Name   Nice President Name   Nice President Name	TUKNI NIUSI BE, ITPEU					
11 Madison Ave, Attn: Corporate Tax Dept 6 Business Phone Mo. 212-215-2000  Delaware  1. State of Incorporation Delaware  1. Base 888  7 Brief Description of the Character of Business Conducted in Rhode Island Residential Loan Origination  8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) TILL INSPACES BEFORE USING ATTACHMENTS President Name Susan F Tobin  Storet Address 302 Carnegie Center  City Princeton NJ 08540 New York Marie F Gayo  Storet Address 302 Carnegie Center  11 Madison Ave  Carlos Onis Street Address 302 Carnegie Center  11 Madison Ave  Carlos Onis Street Address 302 Carnegie Center  11 Madison Ave  City Princeton NJ 08540 New York NY 10010  9. NAMES AND ADDRESSES OF THE DIRECTORS ("A" HOX FOR ATTACHMENT) Director Name Susan F Tobin  Michael Fallacara  Street Address 302 Carnegie Center  11 Madison Ave  City Princeton NJ 9. NAMES AND ADDRESSES OF THE DIRECTORS ("A" HOX FOR ATTACHMENT) Director Name Susan F Tobin  Michael Fallacara  Street Address 302 Carnegie Center  11 Madison Ave  City Princeton NJ 08540 New York NY 10010  Princetor Name Carlos Onis State Director Name  Carlos Onis Director Name  Director Name  Director Name  Director Name  Directo	I. Corporate ID No. 120417	2. Name of Corpor Credit	<sub>ation</sub> Suisse First Bo	ston Financial Co	orporation	
11 Madison Ave, Attn: Corporate Tax Dept 6 Business Phone Mo. 212-215-2000  Delaware  1. State of Incorporation Delaware  1. Base 888  7 Brief Description of the Character of Business Conducted in Rhode Island Residential Loan Origination  8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) TILL INSPACES BEFORE USING ATTACHMENTS President Name Susan F Tobin  Storet Address 302 Carnegie Center  City Princeton NJ 08540 New York Marie F Gayo  Storet Address 302 Carnegie Center  11 Madison Ave  Carlos Onis Street Address 302 Carnegie Center  11 Madison Ave  Carlos Onis Street Address 302 Carnegie Center  11 Madison Ave  City Princeton NJ 08540 New York NY 10010  9. NAMES AND ADDRESSES OF THE DIRECTORS ("A" HOX FOR ATTACHMENT) Director Name Susan F Tobin  Michael Fallacara  Street Address 302 Carnegie Center  11 Madison Ave  City Princeton NJ 9. NAMES AND ADDRESSES OF THE DIRECTORS ("A" HOX FOR ATTACHMENT) Director Name Susan F Tobin  Michael Fallacara  Street Address 302 Carnegie Center  11 Madison Ave  City Princeton NJ 08540 New York NY 10010  Princetor Name Carlos Onis State Director Name  Carlos Onis Director Name  Director Name  Director Name  Director Name  Directo	3. Street Address Principal I	Business Office	· · · · · ·	I City	State	Zin
State of Incorporation   Delaware   Basiness Phone No.   Delaware   Basiness Phone No.   Delaware   Basiness Conducted in Rhode Island	•	~	te Tax Dept	1	· · · · · ·	'
212-325-2000 Delaware 8888  7. Brief Decription of the Character of Business Conducted in Rhode Island Residential Loan Origination  8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS President Name Susan F Tobin		· · · · · · · · · · · · · · · · · · ·				
Residential Loan Origination  Residential Loan Origination  R. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT). FILL IN SPACES REFORE USING ATTACHMENTS President Name  Sugan F Tobin  Street Address 302 Carnegie Center  City Princeton NJ 08540 New York Marie F Gayo  Street Address 302 Carnegie Center  City Princeton NJ 08540 New York Marie F Gayo  Street Address 302 Carnegie Center  City Princeton NJ 08540 New York Marie F Gayo  Street Address 302 Carnegie Center  City Princeton NJ 08540 New York NY 10010  9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" ROX FOR ATTACHMENT). FILL IN SPACES REFORE USING ATTACHMENTS Director Name  Susan F Tobin  Street Address 302 Carnegie Center  City Princeton NJ 08540 New York NY 10010  9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" ROX FOR ATTACHMENT). FILL IN SPACES REFORE USING ATTACHMENTS Director Name  Susan F Tobin  Street Address 302 Carnegie Center  City Princeton NJ 08540 New York NY 10010						h
Residential Loan Origination  B. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)		haraster of Business Con	1			
NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS    Vice President Name						
Vice Prisident Name   Vice Prisident Name   Edward W Flynn				(TTACHMENT)   FILL IN S	PACES BEFORE USING AT	TACHMENTS
Street Address   Stre						
State   Zip   City   State   Zip	Susan F Tobin			Edward W Flynn		
State	Street Address		<del></del>	Street Address		
Princeton   NJ	302 Carnegie Ce	nter		. 11 Madison Ave		
Treasurer Name   Treasurer Name   Carlos Onis	2iry	State	Zip	City	State	Zip
### Action   Precion   Princeton   Pri	Princeton	NJ	08540	New York	NY	10010
Street Address   Street Address   State   Zip   City   State   Zip   NT   10010	ecretary Name	• • • • • • • • • •		Treasurer Name		
State   Stat	Marie F Gayo			Carlos Onis		
State   Zip   City   NJ   08540   New York   NY   10010	Street Address		<del></del>	Street Address		
Princeton NJ 08540 New York NY 10010  9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" ROX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name  Susan F Tobin Michael Fallacara  Street Address  30.2 Carnegie Center 11 Madison Ave  City State Zip City Name  Carlos Onis Zev A Kindler  Street Address  - Str	302 Carnegie Ce	nter		11 Madison Ave		
Princeton NJ 08540 New York NY 10010  9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" ROX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS  Director Name  Susan F Tobin Michael Fallacara  Street Address  302 Carnegie Center 11 Madison Ave  City State Zip City Ny 10010  Director Name  Carlos Onis Zev A Kindler  Street Address	City	State	Zip	*Ciry	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS  Director Name  Susan F Tobin  Michael Fallacara  Street Address  302 Carnegie Center  11 Madison Ave  City Princeton NJ 08540 New York NY 10010  Director Name  Carlos Onis  Street Address  1 Madison Ave  City New York  11 Madison Ave  City New York  NY 10010  Output State	•	NJ	1 '	• *	- 1	· ·
Director Name   Susan F Tobin   Michael Fallacara						
Street Address  302 Carnegie Center  11 Madison Ave  City Princeton NJ 08540 New York NY 10010  Director Name Carlos Onis Street Address 11 Madison Ave  Street Address 11 Madison Ave  City New York NY 10010  State Street Address 11 Madison Ave  City New York NY 10010 New York NY 10010  New York NY 10010  10 SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)  AUTHORIZED SHARES Number of Shares Class/Series  Street Address Street Address 11 Madison Ave  City NY 10010 New York NY 10010  11 SHARES ISSUED ("X" BOX FOR ATTACHMENT)  SSUED SHARES Number of Shares Class/Series Par Value  1000  Common Common Shares			TO TO THE MONTH OF		CITICOS DEL GAL GORAG	
11 Madison Ave	Susan F Tobin			Michael Fallac	ara	
11 Madison Ave	Street Address			Street Address	<del></del>	
State   Zip   City   State   Zip   City   New York   NY   10010		nter				
Princeton NJ 08540 New York NY 10010  Director Name Carlos Onis Zev A Kindler  Street Address 11 Madison Ave 11 Madison Ave  City NY 10010 New York NY 10010  10. SHARES AUTHORIZED ("X" BOX FOR ATTA CHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTA CHMENT) 11. SHARES  AUTHORIZED SHARES  Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value		<del></del>	Zip	·City	State	Zip
Director Name Carlos Onis  Zev A Kindler  Street Address  11 Madison Ave  City New York  NY  State NY  10010  New York  NY  10010  11. SHARES AUTHORIZED ("X" BOX FOR ATTA CHMENT)  AUTHORIZED SHARES  Number of Shares  Class/Series  Par Value  Director Name  Zev A Kindler  State 11 Madison Ave  City New York NY  State NY  10010  11. SHARES ISSUED ("X" BOX FOR ATTA CHMENT)  AUTHORIZED SHARES  Number of Shares  Class/Series  Par Value  10000  Common	•		'	. *	NY	I *
Carlos Onis    Zev A Kindler						
Sircet Address  11 Madison Ave  11 Madison Ave  City State Vip New York NY  10010 New York NY  11. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)  11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  AUTHORIZED SHARES Number of Shares Class/Series Par Value  1. CONTON  Control  Control						
11 Madison Ave    City				<u> </u>		
New York NY 10010 New York NY 10010  10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 12. SUED SHARES  Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 12. On 10.	··· ··· -•-					
New York NY 10010 New York NY 10010  10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 12. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 13. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 14. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 15. SHARES ISSUED ("X" BOX FOR ATTACHMENT ("X	City	State	Zip	·City	State	Zip
AUTHORIZED SHARES  Number of Shares  Class/Series Par Value Number of Shares  Class/Series Par Value	New York	NY	'	New York	NY	10010
AUTHORIZED SHARES  Number of Shares  Class/Series  Par Value  Number of Shares  Class/Series  Par Value  Common Series	10. SHARES AUTHOR	UZED ("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED (*	X" BOX FOR ATTACHMEN	m 🗆
Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value					······································	
1,000 Common \$0.10 1,000 Common \$0.10	Vumber of Shares	Class/Series	Par Value		Class/Series	Par Value
	1,000	Common	\$0.10	1,000	Common	\$0.10
					<u> </u>	
	"his report must be si	g <mark>ned in ink</mark> by cithe	er the President, Vice	President, Secretary, Ass	istant Secretary, Treas	urer, Receiver or T
This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Tr						
This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Tr						

File Date	2/7/05
Check No.	301025
B <u>y:</u>	DA
FOR SECRE	TARY OF STATE USE ONLY

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.

Signalure of Officer Date

Signalure of Officer

Signalure of Officer

Signalure of Officer

VP & Tax Director

Tile of Officer

Form 630 12/01

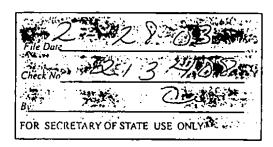


Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

ating

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

ruing Perioa: January 1 (FORM MUST BE TYPED IN .		ung ree: \$30.00			•
1. Corporate ID No.	2. Name of Corpor	ation	<u> </u>		
120417	Credit S	uisse First Bos	ton Financial Cor	poration	
3. Street Address Principal Business Office 11 Madison Avenue			City New York	State NY	<sup>Zip</sup> 10010
4. Business Phone No.		5. State of Incorporation	n	· · · · · · · · · · · · · · · · · · ·	6. SIC Code
(212) 325-2000		Delaware			8888
7. Brief Description of the Char Formed to devel	octer of Business Cont op and carry	hvcied in Rhode Island Out CSFB's Rea	l Estate Finance	Groups resident	ial loan origi
B.NAMES AND ADDRES	SES OF THE OFF	ICERS ("X" BOX FOR AT	TACHMENT) 🖟 FILU IN SPA	CES BEFORE USING AT	TACHMENTS
rresident Name			Vice President Name		i Kenidi Aris
Jeffrey S. Detw	iler		<ul> <li>Edward W. F</li> </ul>	lynn	
Street Address 302 Carn	egie Center,	2nd Fl.	Street Address 11 Mad	ison Avenue	
City	State	Zip	City	State	Zip
Princeton			New York.	צא	. 1,0010
Teresa R. Farle	у		: Daniel W. T	hompson	
Street Address 302 Carne	gie Center,2	nd Fl.	Street Address 302 Ca	rnegie Center,	2nd F1.
City Princeton	State NJ	<sup>Zip</sup> 08540	. City Princeton	State NJ	Zip 08540
	SES OF THE DIR	CTORS (CX: BOX FOR)	ATTACHMENT) A FILLINS	PACES BEFORE USING A	TTACHMENTS
Director Name		<del></del>	Director Name	<del></del>	
Jeffrey	S. Detwiler		: Teresa	R. Farley	•
Street Address 302 Carn	egie Center,	2nd Fl.	-Street Address 302 Ca	rnegie Center,	2nd Fl.
Ciry Princeton	State NJ	2ip 08540	·City Princeton	Stote NJ	Zip 08540
Director Name			Director Name		1
Wes Higg	ine		Carlos	Onic	
Street Address			·Street Address		<del></del>
ll Madis	on Avenue		: ll Mad	ison Avenue	
<sup>Ciry</sup> New York	Siate NY	<sup>Zip</sup> 10010	.Ciny New York	State NY	Zip 10010
10. SHARES AUTHORIZ	ED (CX BOX FOR	(TTACHMENT)	11. SHARES ISSUED ("X"	BOX FOR ATTACHMENT	
AUTHORIZED SHARES			ISSUED SHARES	_	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	Common	\$.10	1,000	Common	\$.10
			<del></del>		<del>-  </del>
			}		
This report must be signe	ed in ink by eithe	r the President, Vice P	resident, Secretary, Assist	ant Secretary, Treasur	rer. Receiver or Trust



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

Signature of Officer

Edward W. Flynn Print or Type Name of Officer

V.P. & Tax Manager

Title of Officer

Form 630 12/01

#### CREDIT SUISSE FIRST BOSTON FINANCIAL CORPORATION ATTACHMENT TO RHODE ISLAND PROFIT CORPORATION ANNUAL REPORT FOR CALENDAR YEAR COMMENCING JANUARY 1, 2003

#### OFFICERS:

TITLE	<u>NAME</u>	<u>ADDRESS</u>
President	Jeffrey S. Detwiler	302 Carnegie Ctr., 2nd Fl. Princeton, NJ 08540
Senior Vice President	Steven L. Kantor	11 Madison Ave., New York, NY 10010
Executive Vice President & Secretary	Teresa R. Farley	302 Carnegie Ctr., 2nd Fl. Princeton, NJ 08540
Executive Vice President & Treasurer	Daniel W. Thompson	302 Carnegie Ctr., 2nd Fl. Princeton, NJ 08540
Vice President & Director of Taxes	Tom Prevost	11 Madison Ave., New York, NY 10010
Vice President & Tax Manager	Edward Flynn	11 Madison Ave., New York, NY 10010

#### **DIRECTORS**:

NAME. Jeffrey S. Detwiler Teresa R. Farley Wes Higgins Carlos Onis Daniel W. Thompson

ADDRESS 302 Carnegie Ctr., 2nd Fl. Princeton, NJ 08540 302 Carnegie Ctr., 2nd Fl. Princeton, NJ 08540 11 Madison Ave., New York, NY 10010 11 Madison Ave., New York, NY 10010 302 Carnegie Ctr., 2nd Fl. Princeton, NJ 08540

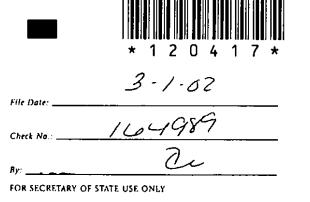
Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 120417 Credit Suisse First Boston Financial Corporation 3. Street Address Principal Business Office <sup>Zip</sup> 10010 New York N.Y. ll Madison Avenue 4. Business Phone No. S. State of Incorporation 6. SIC Code (212) 325 - 2000DELAWARE 8888 7. Brief Description of the Character of Business Conducted in Rhode Island Formed to develop and carry out CSFB's Real Estate Finance Groups residential loan originating 8. NAMES REPAIDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Daniel W. Thompson Jeffrey S. Detwiler Street Address Street Address 302 Carnegie Center 302 Carnegie Center City N.J. 08540 Princeton N.J. 08540 Princeton Secretary Name Treasurer Name Daniel W. Thompson Teresa R. Farley Street Address Street Address 302 Carnegie Center 302 Carnegie Center State 08540 N/J. 08540 N.J. Princeton Princeton 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Steven 1. Kantor Ed Flynn Street Address Street Address ll Madison Avenue ll Madison Avenue Cin State 10010 New York 10010 New York N.Y. N.Y. Director Name Director Name Stuart S. Flamberg Street Address Street Address ll Madison Avenue City State City State Zip 10010 New York N.Y. 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Class/Series Commun \$.10 Number of Shares 1000 Class/Series Common Par Value \$.10 Number of Shares Par Value 1,000 COMM \$.10 PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



Under penalty of perfury, 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.

Signature of Officer

Fd WAYA FINANCE 2/14/Q2

ile of Officer

Form 630 12/01 Pc