2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000006680

Entity Name: TRANSATLANTIC GROUP-DELAWARE INC.

FILED Apr 29, 2005 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:		
4000 ISLAN NORTH MI	ID BLVD. AMI BEACH, FI	_ 33160				
Current Mailing Address:			New Mailir	New Mailing Address:		
C/O EDDIE TRUMP 4000 ISLAND BLVD. NORTH MIAMI BEACH, FL 33160						
FEI Number:	65-0445090	FEI Number Applied For ()	FEI Number Not Appli	icable () Certificate o	f Status Desired ()	
Name and	Address of Cu	ırrent Registered Agent:	Name and	Address of New Registe	ered Agent:	
THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS ST., #105 TALLAHASSEE, FL 32301 US						
The above in the State		ıbmits this statement for the pur	pose of changing it	s registered office or regis	stered agent, or both,	
SIGNATUR	E:					
	Electronic	Signature of Registered Agent	t	Dat	re	
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	C () E TRUMP, JULIUS 4000 ISLAND BL' NORTH MIAMI BE		Title: Name: Address: City-St-Zip:	() Change () A	ddition	
Title: Name: Address: City-St-Zip:	C () ETRUMP, EDDIE 4000 ISLAND BL' NORTH MIAMI BE		Title: Name: Address: City-St-Zip:	() Change () A	ddition	
Title: Name: Address: City-St-Zip:	LIEB, JAMES M	Delete GROUP 4000 ISLAND BLVD. , FL 33160	Title: Name: Address: City-St-Zip:	() Change () A	ddition	
Title: Name: Address: City-St-Zip:	SMITH, ROBERT	O BOX AP 59213	Title: Name: Address: City-St-Zip:	() Change () A	ddition	
Title: Name: Address: City-St-Zip:	D () E VAN RIEMSDIJK, BAHN STRASSE 9494 SCHAAN, L	41	Title: Name: Address: City-St-Zip:	() Change () A	ddition	
Title: Name: Address: City-St-Zip:	TORPEY, CARITI	DUP, 4000 ISLAND BLVD	Title: Name: Address: City-St-Zip:	AVP (X) Change () A TORPEY, CARITE L C/O TRUMP GROUP, 4000 IS N MIAMI BEACH, FL 33160		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CARITE L. TORPEY AVP 04/29/2005