

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000006680

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: TRANSATLANTIC GROUP-DELAWARE INC.

## Current Principal Place of Business:

4000 ISLAND BLVD.  
NORTH MIAMI BEACH, FL 33160

## New Principal Place of Business:

4000 ISLAND BLVD.  
AVENTURA, FL 33160

## Current Mailing Address:

C/O EDDIE TRUMP  
4000 ISLAND BLVD.  
NORTH MIAMI BEACH, FL 33160

## New Mailing Address:

C/O EDDIE TRUMP  
4000 ISLAND BLVD.  
AVENTURA, FL 33160

FEI Number: 65-0445090

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THE PRENTICE HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST., #105  
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: C ( ) Delete  
Name: TRUMP, JULIUS  
Address: 4000 ISLAND BLVD.  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: C ( ) Delete  
Name: TRUMP, EDDIE  
Address: 4000 ISLAND BLVD.  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: EVP ( ) Delete  
Name: LIEB, JAMES M  
Address: C/O THE TRUMP GROUP 4000 ISLAND BLVD.  
City-St-Zip: N. MIAMI BEACH, FL 33160

Title: D ( ) Delete  
Name: SMITH, ROBERT  
Address: WEST BAY ST, PO BOX AP 59213  
City-St-Zip: NASSAU, THE BAHAMAS,

Title: D ( ) Delete  
Name: KORTHALS, ROBIN  
Address: 110 BLOOR ST. WEST  
City-St-Zip: TORONTO M5S 2W7 CANADA,

Title: AVP ( ) Delete  
Name: TORPEY, CARITE L  
Address: C/O TRUMP GROUP, 4000 ISLAND BLVD  
City-St-Zip: N MIAMI BEACH, FL 33160

## 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: JAMES M LIEB

EVP

04/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date