

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 06 1999 8:00am  
Secretary of State

|                                             |                                                                                   |                                                                                                   |
|---------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1999 |  | FLORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|

DOCUMENT # J05242

1. Corporation Name

BROWN BROTHERS HARRIMAN TRUST COMPANY OF FLORIDA

Principal Place of Business

787 5TH AVE SO  
4501 TAMiami TRAIL NORTH  
NAPLES FL 34102  
US

Mailing Address

787 5TH AVE SO  
4501 TAMiami TRAIL NORTH  
NAPLES FL 34102  
US

2. Principal Place of Business

21 787 5th Avenue South  
Suite, Apt. #, etc.

2a. Mailing Address

26 787 5th Avenue South  
Suite, Apt. #, etc.

City & State

23 Naples, Florida

City & State

28 Naples, Florida

Zip

24 34102

Country

25 U.S.A.

Zip

29 34102

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

Not required pursuant to Section 607.0501(2)  
Florida Statutes

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11: Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DC ☒ DELETE

NAME BERRIS, BRIAN A  
STREET ADDRESS 21 MOUNTAIN WOOD DRIVE  
CITY-ST-ZIP GREENWICH CT 06830

TITLE VP ☐ DELETE

NAME HANSON, JOHN C.  
STREET ADDRESS 19 ROLAND DR.  
CITY-ST-ZIP SHORT HILLS NJ 07078

TITLE D ☐ DELETE

NAME O'NEIL, DANIEL C.  
STREET ADDRESS 704 PINE CREEK LANE  
CITY-ST-ZIP NAPLES FL 33963

TITLE D ☐ DELETE

NAME DILLON, GEORGE S.  
STREET ADDRESS 4817 S. LAKE DR.  
CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE VTS ☐ DELETE

NAME WILLIAMS, EDWARD J  
STREET ADDRESS 8 MARIA CT.  
CITY-ST-ZIP HUNTINGTON STATION NY 11746

TITLE DV ☒ DELETE

NAME MINER, BRUCE, M  
STREET ADDRESS 7097 MILL RUN CIRCLE  
CITY-ST-ZIP NAPLES FL 34109

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

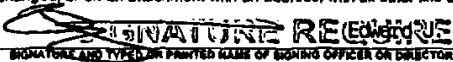
6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

 EDWARD J. WILLIAMS, Vice President, March 31, 1999 (212) 493-8350  
Secretary/Treasurer

4/12

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CONTINUATION #12

|                     |    |                                      |                            |
|---------------------|----|--------------------------------------|----------------------------|
| Brandimarte, Mary   | VP | 98 Greenwood Road                    | New Providence, NJ 07974   |
| King, John F.       | DP | 16 West Drive                        | Plandome, NY 11030         |
| McCartney, Douglas  | VP | 118 Arrandale Road                   | Rockville Center, NY 11570 |
| Murphy, Donald B.   | DC | 9 East 63 <sup>rd</sup> Street       | New York, NY 10021         |
| Neel, James R.      | D  | 4751 Bonita Bay Blvd.,<br>Unit #1204 | Bonita Springs, FL 34134   |
| Peaper, Victoria W. | D  | 107 River Drive                      | Tequesta, FL 33469         |
| Russell, Deborah    | VP | 2667 Lakeview Drive                  | Naples, FL 34112           |