FILE NOW; FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 06 1999 8:00am
Secretary of State

DOCUMENT # J05242

1. Corporation Name
BROWN BROTHERS HARRIMAN TRUST COMPANY OF FLORIDA

04/06/99 90090 026 158.75

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
787 5TH AVE SO 4501 TAMIAMI TRAIL NORTH NAPLES FL 34102 US	787 5TH AVE SO 4501 TAMIAMI TRAIL NORTH NAPLES FL 34102 US

2. Principal Place of Business: 21 787 5th Avenue South	2a. Mailing Address: 26 787 5th Avenue South	3. Date Incorporated or Qualified: 03/19/1986
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27	4. FEI Number: 13-3349874 ☐ Applied For ☐ Not Applicable
City & State: 23 Naples, Florida	City & State: 28 Naples, Florida	5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
Zip: 24 34102 Country: 25 U.S.A.	Zip: 29 34102 Country: 30 U.S.A.	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BERRIS, BRIAN A		1.2 NAME	
STREET ADDRESS	21 MOUNTAIN WOOD DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT 06830		1.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	HANSON, JOHN C.		2.2 NAME	
STREET ADDRESS	19 ROLAND DR.		2.3 STREET ADDRESS	10 Euclid Avenue, Apt. 402
CITY-ST-ZIP	SHORT HILLS NJ 07078		2.4 CITY-ST-ZIP	Summit, NJ 07901
TITLE	D	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	O'NEIL, DANIEL C.		3.2 NAME	
STREET ADDRESS	704 PINE CREEK LANE		3.3 STREET ADDRESS	3387 Carrito Court
CITY-ST-ZIP	NAPLES FL 33963		3.4 CITY-ST-ZIP	Naples, FL 34109
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DILLON, GEORGE S.		4.2 NAME	
STREET ADDRESS	4817 S. LAKE DR.		4.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33436		4.4 CITY-ST-ZIP	
TITLE	VTS	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, EDWARD J		5.2 NAME	
STREET ADDRESS	8 MARIA CT.		5.3 STREET ADDRESS	
CITY-ST-ZIP	HUNTINGTON STATION NY 11746		5.4 CITY-ST-ZIP	
TITLE	DV	☒ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MINER, BRUCE, M		6.2 NAME	
STREET ADDRESS	7097 MILL RUN CIRCLE		6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34109		6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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: SIGNATURE REQUIRED Edward J. Williams, Vice President, Secretary/Treasurer March 31, 1999 (212) 493-8350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

4/12

J05242
295532.90090.26

CONTINUATION #12

Brandimarte, Mary	VP	98 Greenewood 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 63rd Street	New York, NY 10021
Neel, James R.	D	4751 Bonita Bay Blvd., 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