

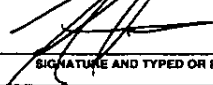


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90276 001 ***158.75

DOCUMENT # J05242 1. Entity Name BROWN BROTHERS HARRIMAN TRUST COMPANY OF FLORIDA					
Principal Place of Business 240 ROYAL PALM WAY PALM BEACH, FL 33480 US			Mailing Address 240 ROYAL PALM WAY PALM BEACH, FL 33480 US		
2. Principal Place of Business 240 Royal Palm Way Suite, Apt. #, etc.		3. Mailing Address 240 Royal Palm Way Suite, Apt. #, etc.			
City & State Palm Beach, Florida		City & State Palm Beach, Florida		4. FEI Number 13-3349874	
Zip 33480		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <div style="border: 1px solid black; padding: 10px; text-align: center;"> Not required pursuant to Section 607.0501 (2) Florida Statutes </div>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HANSON, JOHN C. <input type="checkbox"/> Delete 40 EUCLID AVENUE, APT 402 SUMMIT, NJ 07901		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Hanson, John C. 1285 Gulf Shore Blvd., Apt 5 A Naples, FL 34102	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS <input type="checkbox"/> Delete FUCHS, KURT W 927 PARK AVENUE, APT 6 HOBOKEN, NJ 07030		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BERTLES, JAMES B 226 EDEN ROAD PALM BEACH, FL 33480		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete GEHRET, JOHN A NAVESINK AVENUE RUMSON, NJ 07760		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete O'BRIEN, ROBERT J 3020 WINDSOR CIRCLE BOCA RATON, FL 33434		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete RANDALL, CEIL SCHNEIDER 1054 SIENA OAKS CIRCLE EAST PALM BEACH, FL 33410		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
Continued					
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  Kurt W. Fuchs, VP, Secretary/Treasurer 4/15/05 (212) 493-7295 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT
#305242/20046638

Schedule A
Continuation of Block 10. Officers and Directors

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-Zip	D BORLAND, JOHN J. 650 NORTH BURTON ROAD LAKE FOREST, IL 60045
TITLE NAME STREET ADDRESS CITY-STATE-Zip	D DEFRANCES, BRIAN 825 CANARY WALK GULFSTREAM, FL 33483
TITLE NAME STREET ADDRESS CITY-STATE-Zip	D MURPHY, DONALD B. 9 EAST 63 RD STREET NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY-STATE-Zip	D PEAPER, VICTORIA W. 107 RIVER DRIVE TEQUESTA, FL 33469
TITLE NAME STREET ADDRESS CITY-STATE-Zip	VP WHITMAN, JR. STEPHEN C. 88 ROTARY DRIVE SUMMIT, NJ 07901