## 2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003511

Entity Name: DB USA CORPORATION

**Current Principal Place of Business:** 

60 WALL STREET NEW YORK, NY 10005

**Current Mailing Address:** 

**60 WALL STREET** 

NEW YORK, NY 10005 US

FEI Number: 13-4060471 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324 US

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:

Title

Electronic Signature of Registered Agent

Date

FILED Apr 04, 2018

**Secretary of State** 

CC2947820113

Officer/Director Detail:

DIRECTOR

Title DIRECTOR Title DIRECTOR

NamePATRICK, THOMASNameROLLAUER, THOMASAddress60 WALL STREETAddress60 WALL STREETCity-State-Zip:NEW YORK NY 10005City-State-Zip:NEW YORK NY 10005

NameMCCHRYSTAL, STANLEYNameKRIEGER, SANDRAAddress60 WALL STREETAddress60 WALL STREET

City-State-Zip: NEW YORK NY 10005 City-State-Zip: NEW YORK NY 10005

Title TREASURER Title PRESIDENT

NameBERGNER, MATTHIASNamePATRICK, THOMASAddress60 WALL STREETAddress60 WALL STREET

City-State-Zip: NEW YORK NY 10005 City-State-Zip: NEW YORK NY 10005

Title DIRECTOR Title DIRECTOR

NameYEARLEY, PETERNameMATHERAT, SYLVIEAddress31 BLOMFIELD STREETAddressTAUNUSANLAGE 12

20 FINSBURY CIRCUS City-State-Zip: FRANKFURT HESSE 60325

Title

DIRECTOR

City-State-Zip: LONDON GREATER LONDON EC2

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I hereby 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 all other like empowered.

SIGNATURE: CAROL SARACCO SECRETARY 04/04/2018

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

NameSKERRITT, SUSANNameSHANNON, RICHARDAddress60 WALL STREETAddress60 WALL STREET

City-State-Zip: NEW YORK NY 10005 City-State-Zip: NEW YORK NY 10005

Title SECRETARY Title DIRECTOR

Name SARACCO, CAROL Name POLSKY, LISA

Address 60 WALL STREET Address 60 WALL STREET

City-State-Zip: NEW YORK NY 10005 City-State-Zip: NEW YORK NY 10005

TitleDIRECTORTitleDIRECTORNameKANGAS, EDNameBOMM, BRIGITTEAddress60 WALL STREETAddressTAUNUSANLAGE 12

City-State-Zip: NEW YORK NY 10005 City-State-Zip: FRANKFURT HESSE 60325