

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002061

Entity Name: U.S. TRUST COMPANY OF DELAWARE**Current Principal Place of Business:**1017 NORTH WALNUT ST
WILMINGTON, DE 19801**Current Mailing Address:**401 N TRYON ST; NC1-021-06-01
CHARLOTTE, NC 28255 US**FEI Number:** 51-0397509**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name FORREST, THOMAS M
Address 401 N TRYON ST; NC1-021-06-01
City-State-Zip: CHARLOTTE NC 28255

Title SVP
Name HOLMAN, CRYSTAL
Address 401 N TRYON ST; NC1-021-06-01
City-State-Zip: CHARLOTTE NC 28255

Title SECRETARY
Name JOHNSON, COLLEEN O
Address 401 N TRYON ST; NC1-021-06-01
City-State-Zip: CHARLOTTE NC 28255

Title TREASURER
Name MCVEIGH, CATHLEEN
Address 401 N TRYON ST; NC1-021-06-01
City-State-Zip: CHARLOTTE NC 28255

Title DIRECTOR
Name BLACKBURN, THOMAS S
Address 401 N TRYON ST; NC1-021-06-01
City-State-Zip: CHARLOTTE NC 28255

Title DIRECTOR
Name PERRY, STEVEN J
Address 401 N TRYON ST; NC1-021-06-01
City-State-Zip: CHARLOTTE NC 28255

Title DIRECTOR
Name BRYANT, TAMILLE W
Address 401 N TRYON ST; NC1-021-06-01
City-State-Zip: CHARLOTTE NC 28255

Title DIRECTOR
Name GALLAGHER JR, DONALD R
Address 401 N TRYON ST; NC1-021-06-01
City-State-Zip: CHARLOTTE NC 28255

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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: CRYSTAL HOLMAN

VP

06/30/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	CARLSON, KATHRYN M.
Address	401 N TRYON ST; NC1-021-06-01
City-State-Zip:	CHARLOTTE NC 28255