

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000004145

**Entity Name:** DB STRUCTURED PRODUCTS, INC.

**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: 13-2653281**

**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 DIRECTOR  
Name KALAJIAN, STEPHEN  
Address 60 WALL STREET  
City-State-Zip: NEW YORK NY 10005

Title DIRECTOR  
Name HABORAK, THOMAS JR.  
Address 60 WALL STREET  
City-State-Zip: NEW YORK NY 10005

Title DIRECTOR  
Name VASILE, THOMAS  
Address 60 WALL STREET  
City-State-Zip: NEW YORK NY 10005

Title DIRECTOR  
Name LIBERATORE, PETER  
Address 60 WALL STREET  
City-State-Zip: NEW YORK NY 10005

Title VP  
Name ARROYO, SHELLY  
Address 60 WALL STREET  
City-State-Zip: NEW YORK NY 10005

Title SECRETARY  
Name ZELNICK, JEANNE  
Address 60 WALL STREET  
City-State-Zip: NEW YORK NY 10005

Title VP  
Name TANNER, EUGENE  
Address 60 WALL STREET  
City-State-Zip: NEW YORK NY 10005

Title DIRECTOR  
Name AULLISA, ANTHONY  
Address 60 WALL STREET  
City-State-Zip: NEW YORK NY 10005

**Continues on page 2**

*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: JEANNE ZELNICK**

**SECRETARY**

**05/29/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name CROWLEY, TIMOTHY  
Address 60 WALL STREET  
City-State-Zip: NEW YORK NY 10005

Title TREASURER  
Name DAKAN, TODD  
Address 60 WALL STREET  
City-State-Zip: NEW YORK NY 10005

Title PRESIDENT  
Name MCENERNEY, PATRICK  
Address 60 WALL STREET  
City-State-Zip: NEW YORK NY 10005

Title VP  
Name FISHER, KATRINA  
Address 60 WALL STREET  
City-State-Zip: NEW YORK NY 10005

Title DIRECTOR  
Name DAKAN, TODD  
Address 60 WALL STREET  
City-State-Zip: NEW YORK NY 10005

Title DIRECTOR  
Name MCENERNEY, PATRICK  
Address 60 WALL STREET  
City-State-Zip: NEW YORK NY 10005