

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000007741

**Entity Name:** DB PRIVATE WEALTH MORTGAGE LTD. INC**Current Principal Place of Business:**345 PARK AVENUE  
NEW YORK, NY 10154**Current Mailing Address:**345 PARK AVENUE  
NEW YORK, NY 10154 US**FEI Number:** 20-5728606**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            TREASURER  
Name            COLOFRANSON, RANJIT  
Address        345 PARK AVENUE  
City-State-Zip: NEW YORK NY 10154

Title            DIRECTOR  
Name            HOFFARTH, CHARLES  
Address        345 PARK AVENUE  
City-State-Zip: NEW YORK NY 10154

Title            DIRECTOR  
Name            GREENE, WILLIAM  
Address        345 PARK AVENUE  
City-State-Zip: NEW YORK NY 10154

Title            DIRECTOR  
Name            MC AVOY, DANIEL  
Address        345 PARK AVENUE  
City-State-Zip: NEW YORK NY 10154

Title            SECRETARY  
Name            ZELNICK, JEANNE  
Address        345 PARK AVENUE  
City-State-Zip: NEW YORK NY 10154

Title            DIRECTOR  
Name            HART, KIMBERLY  
Address        345 PARK AVENUE  
City-State-Zip: NEW YORK NY 10154

Title            ASSISTANT SECRETARY  
Name            OLSEN, SONJA  
Address        345 PARK AVENUE  
City-State-Zip: NEW YORK NY 10154

Title            DIRECTOR  
Name            HAIGH, JAMES NICHOLAS  
Address        345 PARK AVENUE  
City-State-Zip: NEW YORK NY 10154

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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:** SONJA OLSEN**ASSISTANT SECRETARY    04/06/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                FERRARA, PETER  
Address             345 PARK AVENUE  
City-State-Zip:    NEW YORK NY 10154

Title                 DIRECTOR  
Name                FARRELL, THOMAS  
Address             345 PARK AVENUE  
City-State-Zip:    NEW YORK NY 10154

Title                 DIRECTOR  
Name                CHEN, JIE  
Address             345 PARK AVENUE  
City-State-Zip:    NEW YORK NY 10154

Title                 DIRECTOR  
Name                MEDINA, SARITA  
Address             345 PARK AVENUE  
City-State-Zip:    NEW YORK NY 10154

Title                 DIRECTOR  
Name                DONAHOE, TIMOTHY  
Address             345 PARK AVENUE  
City-State-Zip:    NEW YORK NY 10154