2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007741

Entity Name: DB PRIVATE WEALTH MORTGAGE LTD. 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: 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

FILED May 29, 2020

Secretary of State

8505369914CC

Officer/Director Detail:

Title **TREASURER** Title DIRECTOR

SANDERSON, MICHAEL Name Name GREENE, WILLIAM **60 WALL STREET 60 WALL STREET** Address Address

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

Title **TREASURER** Title **SECRETARY**

Name COLOFRANSON, RANJIT Name ZELNICK, JEANNE

Address **60 WALL STREET** Address **60 WALL STREET**

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

Title VΡ Title **DIRECTOR**

Name COLOFRANSON, RANJIT Name CHEN. JIE

Address **60 WALL STREET** Address **60 WALL STREET**

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

Title CFO Title DIRECTOR

Name GREENE, WILLIAM FARRELL, THOMAS Name Address **60 WALL STREET 60 WALL STREET** Address City-State-Zip: NEW YORK NY 10005

NEW YORK NY 10005 City-State-Zip:

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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: JEANNE ZELNICK

SECRETARY

05/29/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name GREENE, WILLIAM Address 60 WALL STREET

City-State-Zip: NEW YORK NY 10005

Title VP

Name NG, YVONNE Address 60 WALL STREET

City-State-Zip: NEW YORK NY 10005

Title DIRECTOR

Name BATE, MARIA CONSUELO

Address 60 WALL STREET

City-State-Zip: NEW YORK NY 10005

Title DIRECTOR

Name SANDERSON, MICHAEL

Address 60 WALL STREET

City-State-Zip: NEW YORK NY 10005

Title DIRECTOR

Name JACKSON, CARL Address 60 WALL STREET

City-State-Zip: NEW YORK NY 10005

Title DIRECTOR

Name MEDINA, SARITA Address 60 WALL STREET

City-State-Zip: NEW YORK NY 10005

Title DIRECTOR

Name MINARCZYK, DIANE Address 60 WALL STREET

City-State-Zip: NEW YORK NY 10005

Title DIRECTOR

Name HOFFARTH, CHARLES

Address 60 WALL STREET

City-State-Zip: NEW YORK NY 10005

Title DIRECTOR

Name FRANK, JOSHUA

Address 60 WALL STREET

City-State-Zip: NEW YORK NY 10005