

2017 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:**1011 CENTRE ROAD
SUITE 200
WILMINGTON, DE 19805 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	D
Name	GREENE, WILLIAM
Address	60 WALL STREET NEW YORK, NY 100

City-State-Zip: NEW YORK NY 10005

Title	D
Name	HART, KIMBERLY
Address	60 WALL STREET NEW YORK, NY 100

City-State-Zip: NEW YORK NY 10005

Title	D
Name	MCAVOY, DAN
Address	345 PARK AVENUE NEW YORK, NY 10

City-State-Zip: NEW YORK NY 10154

Title	MANAGING DIRECTOR
Name	FERARRA, PETER
Address	60 WALL STREET NEW YORK, NY 100

City-State-Zip: NEW YORK NY 10005

Title	D
Name	HAIGH, NICHOLAS
Address	345 PARK AVENUE NEW YORK, NY 10

City-State-Zip: NEW YORK NY 10154

Title	D
Name	HOFFARTH, CHARLES
Address	60 WALL STREET NEW YORK, NY 100

City-State-Zip: NEW YORK NY 10005

Title	MANAGING DIRECTOR
Name	CLARKE, THOMAS
Address	345 PARK AVENUE NEW YORK, NY 10

City-State-Zip: NEW YORK NY 10154

Title	V
Name	HARPER, ROBERT
Address	60 WALL STREET NEW YORK, NY 100

City-State-Zip: NEW YORK NY 10005

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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: ANGELINE L. PATRICK**SECRETARY****04/28/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title D
Name MEDINA, SARITA
Address 60 WALL STREET NEW YORK, NY 100
City-State-Zip: NEW YORK NY 10005

Title S
Name PATRICK, ANGELINE L
Address 1011 CENTRE ROAD
SUITE 200
City-State-Zip: WILMINGTON DE 19805