## **2019 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

**FILED** Mar 20, 2019

**Secretary of State** 

9308233586CC

Officer/Director Detail :

Title TREASURER, VP Title DIRECTOR

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

Title DIRECTOR Title DIRECTOR

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

Title DIRECTOR Title **DIRECTOR** 

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

Title ASSISTANT SECRETARY Title

Name OLSEN, SONJA NG, YVONNE Name **60 WALL STREET** Address Address 345 PARK AVENUE City-State-Zip: NEW YORK NY 10005

NEW YORK NY 10154 City-State-Zip:

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.

03/20/2019 SIGNATURE: SONJA OLSEN ASSISTANT SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title VP Title SECRETARY

NameSTEFAS, JENNIFERNameZELNICK, JEANNEAddress345 PARK AVENUEAddress60 WALL STREET

City-State-Zip: NEW YORK NY 10154 City-State-Zip: NEW YORK NY 10005