

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000001540

**Entity Name:** RELIANCE TRUST COMPANY OF DELAWARE**Current Principal Place of Business:**500 DELAWARE AVENUE  
SUITE 900  
WILMINGTON, DE 19801**Current Mailing Address:**500 DELAWARE AVENUE  
SUITE 900  
WILMINGTON, DE 19801 US**FEI Number:** 45-3505039**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 PETER, SMITH  
Address 500 DELAWARE AVENUE  
SUITE 900  
City-State-Zip: WILMINGTON DE 19801

Title TREASURER  
Name TERRI, RATAY  
Address 500 DELAWARE AVENUE  
SUITE 900  
City-State-Zip: WILMINGTON DE 19801

Title DIRECTOR  
Name KENNETH, KREI  
Address 500 DELAWARE AVENUE  
SUITE 900  
City-State-Zip: WILMINGTON DE 19801

Title DIRECTOR  
Name MAXWELL, JAMES T  
Address 500 DELAWARE AVENUE  
SUITE 900  
City-State-Zip: WILMINGTON DE 19801

Title DIRECTOR  
Name RAHBARI, KAIVAN  
Address 500 DELAWARE AVENUE  
SUITE 900  
City-State-Zip: WILMINGTON DE 19801

Title DIRECTOR  
Name GUTHRIE, ANTHONY A  
Address 500 DELAWARE AVENUE  
SUITE 900  
City-State-Zip: WILMINGTON DE 19801

Title DIRECTOR  
Name ROBERTS, MICHAEL E.  
Address 500 DELAWARE AVENUE  
SUITE 900  
City-State-Zip: WILMINGTON DE 19801

Title SECRETARY  
Name STALLINGS, RONALD D.  
Address 500 DELAWARE AVENUE  
SUITE 900  
City-State-Zip: WILMINGTON DE 19801

**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: RONALD D. STALLINGS****SECRETARY****04/14/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	PRESIDENT
Name	MICHAEL, E. ROBERTS
Address	500 DELAWARE AVENUE SUITE 900
City-State-Zip:	WILMINGTON DE 19801