2005 FOR PROFIT CORPORATION

ANNUAL REPORT

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May 04, 2005 8:00 am Secretary of State 05-04-2005 90139 040 ***150.00 DOCUMENT # F02000000564 1. Entity Name SANTANDER PRIVATE ADVISORS LTD. (INCORPORATED) Principal Place of Business Mailing Address 1401 BRICKE LL AVE., STE 540 1401 BRICKELL AVE., STE 540 MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (10/03) 04192005 Chg-P STE 600 STE WX Applied For City & State City & State 4. FFI Number 52-2204895 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SCOLA, MARIANO Street Address (P.O. Box Number is Not Acceptable) 1401 BRICKELL AVE., STE 540 MIAMI, FL 33131 STE 600. Zip Code FL 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Change CD ciudad Grupo Santander TITLE Delete TITLE Avenida Cantabria Sin Numero Bonadilla Dei Monte 28000 Madrid, Spain MACEDA, JOSE M NAME NAME CASTELLANA 32, PLANTA -New Address STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 28046 MADRID, Change ☐ Addition Delete TITLE TITLE SCOLA, MARIANO NAME NAME 1401 BRICKELL AVE., STE 540 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Miami, FL. 33131 MIAMI, FL CITY-ST-7IP Change ■ Addition Delete TITLE DE LAS HERAS, GONZALO NAME NAME 45 E. 53RD STREET STREET ADDRESS STREET ADDRESS New York, NY 10022 NEW YORK, NY CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report of the corporation or the receiver or trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an adaptess, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-78P

TITLE NAME

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CORPORATE SECRETARY

☐ Delete

Delete

April 26, 2005

Data Daytime Phone #

FILED

(305) 530-2916

☐ Change

Change

☐ Addition

☐ Addition