


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000004145	
1. Entity Name DB STRUCTURED PRODUCTS, INC.	

Principal Place of Business 60 WALL STREET (NYC60-4006) NEW YORK, NY 10005	Mailing Address 60 WALL STREET (NYC60-4006) NEW YORK, NY 10005
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02282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FFI Number 13-2653281	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000474702 04/04/06-80034-007 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C FERGUSON, RICHARD W 60 WALL STREET NEW YORK, NY 10005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEHOCKY, JEFFREY 60 WALL STREET NEW YORK, NY 10005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D'ALBERT, RICHARD 60 WALL STREET NEW YORK, NY 10005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMMAROTO, MICHAEL A 60 WALL STREET NEW YORK, NY 10005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICE, JOSEPH J 60 WALL STREET NEW YORK, NY 10005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COMMAROTO, MICHAEL A 60 WALL STREET NEW YORK, NY 10005

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James O. Wilhelm James O. Wilhelm, Asst. Sec. 3/15/06 212-250-8185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #