

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # F04000006116</b> 1. Entity Name <b>DEUTSCHE BANK BERKSHIRE MORTGAGE, INC.</b>				 <b>FILED</b> <b>05 AUG 25 PM 2: 18</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA <b>50062730</b>	
Principal Place of Business <b>ONE BEACON STREET, 14TH FLOOR BOSTON, MA 02108</b>		Mailing Address <b>ONE BEACON STREET, 14TH FLOOR BOSTON, MA 02108</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		07052005    Chg-P    CR2E034 (10/03)	
City & State		City & State		4. FEI Number <b>20-1511553</b>	
Zip      Country		Zip      Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 reconstituting)      DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DONOVAN, PETER ONE BEACON STREET, 14TH FLOOR BOSTON, MA 02108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>NTD/CEO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT VICKERY, STEVEN ONE BEACON STREET, 14TH FLOOR BOSTON, MA 02108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vickery, Stephen E.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STRAUSS, JAY F ONE BEACON STREET, 14TH FLOOR BOSTON, MA 02108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>60 Wall Street, 36th Floor New York, NY 10005</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALPERN, RONALD ONE BEACON STREET, 14TH FLOOR BOSTON, MA 02108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PH 10/1000</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>8/8/25</i>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VACCARO, JON ONE BEACON STREET, 14TH FLOOR BOSTON, MA 02108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>60 Wall Street, 10th Floor New York, NY 10005</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COBB, TOBIN ONE BEACON STREET, 14TH FLOOR BOSTON, MA 02108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>60 Wall Street, 10th Floor New York, NY 10005</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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 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: <i>[Signature]</i> <b>Stephen E. Vickery</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <b>8/8/05</b>		Daytime Phone #: <b>617-574-8345</b>	

ATTACHMENT 50062730  
#FO4000006116

Additional List of Officers and Directors for Deutsche Bank Berkshire Mortgage, Inc.

Assistant Secretary  
Olsen, Sonja K.  
60 Wall Street, 40<sup>th</sup> Floor  
New York, NY 10005

Assistant Secretary  
West, Sandra L.  
60 Wall Street, 40<sup>th</sup> Floor  
New York, NY 10005

Assistant Secretary  
Wilhelm, James O.  
60 Wall Street, 40<sup>th</sup> Floor  
New York, NY 10005

Director  
Lehocky, Jeffrey  
60 Wall Street, 29<sup>th</sup> Floor  
New York, NY 10005

Director  
Burns, Robert D.  
60 Wall Street, 10<sup>th</sup> Floor  
New York, NY 10005

Director  
Ferguson, Richard W.  
60 Wall Street, 40<sup>th</sup> Floor  
New York, NY 10005