

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F04000006116

1. Entity Name
DEUTSCHE BANK BERKSHIRE MORTGAGE, INC.



FILED

06 MAY 22 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

40071303



Principal Place of Business
ONE BEACON STREET, 14TH FLOOR
BOSTON, MA 02108

Mailing Address
ONE BEACON STREET, 14TH FLOOR
BOSTON, MA 02108

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04042006

Chg-P

CR2E034 (11/05)

4. FEI Number
20-1511553

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agents signature required when reappointing)

DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2008 Fee will be \$850.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE MCEO ☒ Delete
NAME DONOVAN, PETER
STREET ADDRESS ONE BEACON STREET, 14TH FLOOR
CITY-STATE-ZIP BOSTON, MA 02108

TITLE MCEO ☐ Change ☐ Addition
NAME Steve Wendel
STREET ADDRESS One Beacon Street, 14th Floor
CITY-STATE-ZIP Boston, MA 02108

TITLE VT ☒ Delete
NAME VICKERY, STEPHEN E
STREET ADDRESS ONE BEACON STREET, 14TH FLOOR
CITY-STATE-ZIP BOSTON, MA 02108

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE S ☐ Delete
NAME STRAUSS, JAY F
STREET ADDRESS 60 WALL STREET, 38TH FLOOR
CITY-STATE-ZIP NEW YORK, NY 10005

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE PCOO ☒ Delete
NAME HALPERN, RONALD
STREET ADDRESS ONE BEACON STREET, 14TH FLOOR
CITY-STATE-ZIP BOSTON, MA 02108

TITLE MCEO ☐ Change ☒ Addition
NAME Jeff Day
STREET ADDRESS 7575 Irvine Center Dr #200
CITY-STATE-ZIP Irvine CA 92618

TITLE D ☐ Delete
NAME VACCARO, JON
STREET ADDRESS 60 WALL STREET, 38TH FLOOR
CITY-STATE-ZIP NEW YORK, NY 10005

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE D ☐ Delete
NAME COBB, TOBIN
STREET ADDRESS 60 WALL STREET, 38TH FLOOR
CITY-STATE-ZIP NEW YORK, NY 10005

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/06

949) 754-6300

Date

Daytime Phone