

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000001802

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: TRUMP CAPITAL OF DELAWARE, INC.

**Current Principal Place of Business:**

4000 ISLAND BOULEVARD  
NORTH MIAMI BEACH, FL 33160

**New Principal Place of Business:**

4000 ISLAND BOULEVARD  
AVENTURA, FL 33160

**Current Mailing Address:**

4000 ISLAND BOULEVARD  
NORTH MIAMI BEACH, FL 33160

**New Mailing Address:**

4000 ISLAND BOULEVARD  
AVENTURA, FL 33160

FEI Number: 65-0633925

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: TRUMP, EDDIE  
Address: 4000 ISLAND BLVD  
City-St-Zip: AVENTURA, FL 33160

Title: DEVP ( ) Delete  
Name: LIEB, JAMES M  
Address: 4000 ISLAND BLVD  
City-St-Zip: AVENTURA, FL 33160

Title: EVP ( ) Delete  
Name: HIRSCH, MARK S  
Address: 404 PARK AVE SOUTH  
City-St-Zip: NEW YORK, NY 10016

Title: SVP ( ) Delete  
Name: TODDES, MARK  
Address: 404 PARK AVE SOUTH  
City-St-Zip: NEW YORK, NY 10016

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAMES M LIEB

EVP

04/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date