2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F99000002881

1. Entity Name
TCA TRUSTCORP AMERICA, INC.

FILED
05 DEC -5 PM 3:22

Principal Place of Business	Mailing Address
5301 WISCONSIN AVENUE, NW WASHINGTON, DC 20015	5301 WISCONSIN AVENUE, NW WASHINGTON, DC 20015

10172005 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 52-1929696 ☐ 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: Barbara A Burke — BARBARA A. BURKE, SPECIAL ASSISTANT SECRETARY — 11-1-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2006, Fee will be $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C URBAN, THEODORE 1700 PENNSYLVANIA AVENUE, NW SUITE 700 WASHINGTON, DC 20006	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition REINSTATEMENT 12/5/05
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVC RUSSELL, WILLIAM 5301 WISCONSIN AVENUE SUITE 450 WASHINGTON, DC 20015	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LUBLIN, ED 1501 M STREET, NW SUITE 700 WASHINGTON, DC 20005	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200060721672 10/18/05--01071--010--**758.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FERRIS, GEORGE 1700 PENNSYLVANIA AVENUE, NW SUITE 700 WASHINGTON, DC 20006	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MORGAN, MIKE 5301 WISCONSIN AVENUE SUITE 450 WASHINGTON, DC 20015	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PLESEA, STEFAN 5301 WISCONSIN AVENUE SUITE 450 WASHINGTON, DC 20015	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: William T Russell, President 10/17/05 202 537 9600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #