

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 14, 2006 08:00 AM
Secretary of State**

DOCUMENT # F99000006310

1. Entity Name
BTCM PROPERTIES CORPORATION



Principal Place of Business
**C/O DEUTSCHE BANK
60 WALL STREET, NYC60-4006
NEW YORK, NY 10005**

Mailing Address
**C/O DEUTSCHE BANK
60 WALL STREET, NYC60-4006
NEW YORK, NY 10005**



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number
52-2031961

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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

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

(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. ☐

**\$5.00 May Be
Added to Fees**

**UD0000434322
02/24/06-80058-018 150.00**

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T CASEY, BRENDA 60 WALL STREET NEW YORK, NY 10005 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S OLSEN, SONJA K 60 WALL STREET NEW YORK, NY 10005 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD LAPHAM, STEVE 60 WALL STREET NEW YORK, NY 10005 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCD JOHNSON, ALEXANDER B 60 WALL STREET NEW YORK, NY 10005 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**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:

Sonja K. Olsen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-06

Date

Daytime Phone #

212-250-0019