

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 02, 2001 8:00 am**
Secretary of State

05-02-2001 90037 023 ***150.00

DOCUMENT # L049311. Entity Name
MERRILL LYNCH TRUST COMPANY

Principal Place of Business

**4800 DEER LAKE DR E
BLDG 3, 2ND FLOOR
JACKSONVILLE FL 32246
US**

Mailing Address

**4800 DEER LAKE DR E
BLDG 3, 2ND FLOOR
JACKSONVILLE FL 32202
US**

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 **22-3053804**

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

**LANGENDERFER, JEFFREY
4804 DEER LAKE DR. EAST
2ND FLOOR
JACKSONVILLE FL 32246**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DC** ☒ Delete
NAME **CHAMBERS, DAVID W.**
STREET ADDRESS **P. O. BOX 9049 N/A**
CITY-ST-ZIP **PRINCETON NJ**TITLE **Director, Chairman** ☒ Change ☐ Addition
NAME **Doris P. Meister**
STREET ADDRESS **2 World Financial Center, 38th Fl**
CITY-ST-ZIP **New York, NY 10280**TITLE **D** ☐ Delete
NAME **EMERSON, WILLIAM A.**
STREET ADDRESS **3050 82ND WAY NORTH**
CITY-ST-ZIP **ST. PETERSBURG FL**TITLE **Director, President** ☐ Change ☒ Addition
NAME **Thomas Covington**
STREET ADDRESS **300 North Greene Street, Ste. 500**
CITY-ST-ZIP **Greensboro, NC 27401**TITLE **D** ☐ Delete
NAME **HALL, EDWIN H, JR.**
STREET ADDRESS **624 CONCORD LANE**
CITY-ST-ZIP **HOLMES BEACH FL**TITLE **Director** ☐ Change ☒ Addition
NAME **Christian Heilmann**
STREET ADDRESS **9 Roszel Road, 3rd Fl.**
CITY-ST-ZIP **Princeton, NJ 08540**TITLE **D** ☐ Delete
NAME **MIDDLETON, DAVID J.**
STREET ADDRESS **50 NORTH LAURA ST.**
CITY-ST-ZIP **JACKSONVILLE FL**TITLE **Director** ☐ Change ☒ Addition
NAME **Jeffrey Langenderfer**
STREET ADDRESS **4804 Deer Lake Drive**
CITY-ST-ZIP **Jacksonville, FL 32246**TITLE **DP** ☒ Delete
NAME **ENGELHARDT, JO ANN**
STREET ADDRESS **249 ROYAL PALM WAY**
CITY-ST-ZIP **BOCA RATON FL**TITLE **Director** ☐ Change ☐ Addition
NAME **Linda Marcelli**
STREET ADDRESS **5220 31st Avenue South**
CITY-ST-ZIP **Gulfport, FL 33707**TITLE **DC** ☐ Delete
NAME **CORRIGAN, HAROLD**
STREET ADDRESS **249 ROYAL PALM WAY**
CITY-ST-ZIP **BOCA RATON FL**TITLE **Director** ☐ Change ☒ Addition
NAME **John Sabino**
STREET ADDRESS **9 Roszel Road, 3rd Fl.**
CITY-ST-ZIP **Princeton, NJ 08540**

13. 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 11 or Block 12 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

John Sabino

Date

4/27/01**609 627 4039**

Daytime Phone #

CR2E034 (10/00)

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L04931

1. Entity Name

MERRILL LYNCH TRUST COMPANY

Principal Place of Business

Mailing Address

4800 DEER LAKE DR E
BLDG 3, 2ND FLOOR
JACKSONVILLE FL 32246
US

4800 DEER LAKE DR E
BLDG 3, 2ND FLOOR
JACKSONVILLE FL 32246-6484
US

835478

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 22-3053804

Applied For
Not Applicable

Zip

Country

Zip

Country

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

LANGENDERFER, JEFFREY
4804 DEER LAKE DR. EAST
2ND FLOOR
JACKSONVILLE FL 32246

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC CHAMBERS, DAVID W. P. O. BOX 9049 N/A PRINCETON NJ	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, Chairman Doris P. Meister P. O. Box 9049 Princeton, NJ	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EMERSON, WILLIAM A. 3050 82ND WAY NORTH ST. PETERSBURG FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP & Secretary Janelle Ellis P. O. Box 9049 Princeton, NJ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, EDWIN H, JR. 624 CONCORD LANE HOLMES BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIDDLETON, DAVID J. 50 NORTH LAURA ST. JACKSONVILLE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ENGELHARDT, JO ANN 249 ROYAL PALM WAY BOCA RATON FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC CORRIGAN, HAROLD 249 ROYAL PALM WAY BOCA RATON FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(n), 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 11 or Block 12, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Janelle Ellis

Janelle Ellis, VP & Secretary

609-282-2222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Attachment

835478

L04931

Cynthia A. Killion
Assistant Vice President and
Corporate Secretary

Merrill Lynch Trust Company

Administrative Offices
9 Roszel Road, 3rd Floor
Princeton, New Jersey 08540
609 627 4056
FAX 609 627 4317

Mailing address:
P.O. Box 9049
Princeton, New Jersey 08543-9049

April 27, 2001

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Merrill Lynch Trust Company

Gentlemen:

Enclosed is the completed year 2001 Uniform Business Report for Merrill Lynch Trust Company. Also enclosed is check #1451 in the amount of \$150 payable to the Department of State representing the filing fee.

You will note several changes on the 2001 report. I have enclosed a copy of the 2000 report which was not updated.

Please let me know if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads 'Cynthia A. Killion'.

Cynthia A. Killion

Enclosures