## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPE

NAME OF SIGNING OFFICER OR DIRECTOR

## May 05, 2006 8:00 am Secretary of State DOCUMENT # P06561 05-05-2006 90181 018 \*\*\*150.00 **DEUTSCHE INVESTMENT MANAGEMENT AMERICAS** Principal Place of Business Mailing Address 60037033 345 PARK AVE C/O ANJIE LAROCCA 345 PARK AVE. 345 PARK AVENUE NEW YORK, NY 10154-010 US NEW YORK, NY 10154 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04172006 CR2E034 (11/05) Cha-P City & State Applied For City & State 4. FEI Number 13-3241232 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FL 33324 City 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPC Delete TITLE TITLE Axel Schwarzer SHIEBLER, WILLIAM N NAME NAME 345 Park Avenue STREET ADDRESS 345 PARK AVE STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10154 CITY-ST-ZIF New York, NY 10154 DC TITLE ☐ Delete TITLE ☐ Change ■ Addition COLON, MICHAEL NAME NAME STREET ADDRESS 345 PARK AVENUE STREET ADDRESS CITY-ST-7IP NEW YORK, NY 10154 CITY-ST-7IP ☐ Change Addition TITLE Delete TITLE NAME GAGLIARDI', WILLIAM A NAME Jennifer Birmingham 345 Park Avenue 345 PARK AVENUE STREET ADDRESS STREET ADDRESS NEW YORK, NY 10154 CITY-ST-ZIP CITY-ST-ZIP New York, NY 10154 Addition TITLE Delete TITLE ☐ Change BURKE, STEPHEN R NAME NAME Patrick Compion 345 Park Avenue STREET ADDRESS 345 PARK AVENUE STREET ADDRESS NEW YORK, NY 10154 CITY-ST-ZIP CITY-ST-ZIP New York, NY 10154 TITLE SC ☐ Delete TITLE ☐ Change ☐ Addition NAME SMITH, A. THOMAS NAME STREET ADDRESS 345 PARK AVENUE STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10154 CITY-ST-ZIP Chief Compliance officer TITLE Delete TITLE Addition John Robbins NAME NAME 345 Park Avenue STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP New York, NY 10154 12. Thereby certify that the information supplied with this filling 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 of 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 jike ompowered.

FILED

212) 454-7358

4-25-06