

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08338

FILED
Jul 14, 2009
Secretary of State**Entity Name:** DB PRIVATE CLIENTS CORP.**Current Principal Place of Business:**C/O DEUTSCHE BANK
60 WALL STREET, NYC60-4006
NEW YORK, NY 10005 US**New Principal Place of Business:****Current Mailing Address:**C/O DEUTSCHE BANK
60 WALL STREET, NYC60-4006
NEW YORK, NY 10005 US**New Mailing Address:****FEI Number:** 13-3276234**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DOUG
Address: 280 PARK AVE
City-St-Zip: NEW YORK, NY 10017 US

Title: S () Delete
Name: SANDRA
Address: 60 WALL STREET
City-St-Zip: NEW YORK, NY 10005 US

Title: D () Delete
Name: PRISCILLA
Address: 280 PARK AVENUE
City-St-Zip: NEW YORK, NY 10017 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCDONALD, DOUG
Address: 280 PARK AVE
City-St-Zip: NEW YORK, NY 10017 US

Title: S (X) Change () Addition
Name: WEST, SANDRA L
Address: 60 WALL STREET
City-St-Zip: NEW YORK, NY 10005 US

Title: D (X) Change () Addition
Name: PRISCILLA, NEWBURY
Address: 280 PARK AVENUE
City-St-Zip: NEW YORK, NY 10017 US

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: SANDRA L WEST

S

07/14/2009

Electronic Signature of Signing Officer or Director

Date