

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90203 042 \*\*\*150.00

**DOCUMENT # P39103**

1. Corporation Name  
**DEUTSCHE BANK SECURITIES INC.**

Principal Place of Business  
**31 WEST 52ND STREET  
NEW YORK NY 10019**

Mailing Address  
**31 WEST 52ND STREET  
NEW YORK NY 10019**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/02/1992**

4. FEI Number

**13-2730828**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
110 N. MAGNOLIA STREET  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	MDS	<input checked="" type="checkbox"/> DELETE
NAME	LYNCH, ROBERT H	
STREET ADDRESS	1301 AVENUE OF AMERICANS	
CITY-ST-ZIP	NEW YORK NY	
TITLE	DCP	<input checked="" type="checkbox"/> DELETE
NAME	MCCLELLAND, W. CARTER	
STREET ADDRESS	31 WEST 52ND STREET	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALLARDICE, ROBERT B III	
STREET ADDRESS	31 WEST 52ND STREET	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KVALHEIM, GRANT	
STREET ADDRESS	31 WEST 52ND ST	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	WANG, JOAN W	
STREET ADDRESS	31 WEST 52ND STREET	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	MDS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Owen, Mary N.	
1.3 STREET ADDRESS	31 West 52nd Street	
1.4 CITY-ST-ZIP	New York, NY 10019	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Allardice, Robert B III	
3.3 STREET ADDRESS	31 West 52nd Street	
3.4 CITY-ST-ZIP	New York, NY 10019	
4.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Kvalheim, Grant	
4.3 STREET ADDRESS	31 West 52nd Street	
4.4 CITY-ST-ZIP	New York, NY 10019	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Montgomery, Michael C.	
6.3 STREET ADDRESS	31 West 52nd Street	
6.4 CITY-ST-ZIP	New York, NY 10019	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Mary N. Owen* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary N. Owen 4-9-99 Managing Director

Date

Daytime Phone #

(212) 469-3754

CR2E034 (1/1/98)