FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 29 AM 8:47

DOCUMENT # P94000059602 (0)

1. Corporation Name
BANKERS TRUST COMPANY OF THE SOUTHEAST, INC.

Principal Place of Business	Mailing Address
201 S BISCAYNE BLVD SUITE 1405 MIAMI FL 33131	201 S BISCAYNE BLVD SUITE 1405 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/12/1994
3a. Date of Last Report: n.a.

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 65-0518484 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
201 S BISCAYNE BLVD
1600 MIAMI CENTER
MIAMI FL 33131

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 _____ DATE
Signature, Typed or Printed Name of Registered Agent and Title if Applicable (NOTE: Registered Agent signature required when name changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	MURPHY, JOHN L	12 NAME		
STREET ADDRESS	280 PARK AVE 33 WEST	13 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10017	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	KENDALL, TERRY L	22 NAME	MARIN, RICHARD A	
STREET ADDRESS	280 PARK AVE 3 EAST	23 STREET ADDRESS	280 Park Ave 16 East	
CITY-ST-ZIP	NEW YORK NY 10017	24 CITY-ST-ZIP	New York, NY 10017	
TITLE	D	31 TITLE	D	☒ Change ☐ Addition
NAME	WYNN, JANET L	32 NAME	SCATURRO, PETER K	
STREET ADDRESS	280 PARK AVE 3 EAST	33 STREET ADDRESS	280 Park Ave 16 East	
CITY-ST-ZIP	NEW YORK NY 10017	34 CITY-ST-ZIP	New York, NY 10017	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	FLASCO, JOHN A	42 NAME		
STREET ADDRESS	505 S FLAGLER DR	43 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33401	44 CITY-ST-ZIP		
TITLE		51 TITLE	V	☐ Change ☒ Addition
NAME		52 NAME	BRENNAN, Joseph F	
STREET ADDRESS		53 STREET ADDRESS	201 S Biscayne Blvd Suite 1405	
CITY-ST-ZIP		54 CITY-ST-ZIP	Miami, FL 33131	
TITLE		61 TITLE	V	☐ Change ☒ Addition
NAME		62 NAME	MOGER, Byron L	
STREET ADDRESS		63 STREET ADDRESS	201 S Biscayne Blvd, Suite 1405	
CITY-ST-ZIP		64 CITY-ST-ZIP	Miami, FL 33131	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: John A. Flasco, Director 6/21/95 (407) 833-2470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0120414 CP