2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P99000020689** Aug 28, 2000 8:00 am Secretary of State 1. Entity Name NEUBERGER BERMAN TRUST COMPANY OF FLORIDA 08-28-2000 90033 018 ***550.00 Principal Place of Business Mailing Address ESPERANTE. 222 LAKEVIEW AVE **ESPERANTE. 222 LAKEVIEW AVE** SHITE 900 SUITE 900 11000+--WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 0905717 City & State City & State Applied For 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 Name Street Address (P.O. Box Number is Not Acceptable) Zip Code FL 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12, M Delete Change X Addition TITLE D RANDOLPH, C. CARL NAME Effective Ellen Metzger STREET ADDRESS 605 THIRD AVE STREET ADDRESS 605 Third Ave New York, NY 3/31/00 CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10158** 10158 TITLE ☐ Delete TITLE ☐ Change Addition MATHIEU, ELIZABETH L NAME NAME STREET ADDRESS STREET ADDRESS 605 THIRD AVE CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10158** Change Addition Delete TITLE TITLE CARSON, WAYNE L JR NAME NAME -STREET ADDRESS STREET ADDRESS ESPERANTE, 222 LAKEVIEW AVE STE 900 CITY-ST-ZIP CITY-ST-7IP WEST PALM BEACH FL 33401 Delete Change ☐ Addition TITLE TITLE **GOLDBERG, MARTA** NAME NAME STREET ADDRESS STREET ADDRESS ESPERANTE, 222 LAKEVIEW AVE STE 900 City-St-ZiP CITY-ST-7IP WEST PALM BEACH FL T/T∂ F D □ Delete TITLE Change ☐ Addition NAME OWEN, LORI T NAME STREET ADDRESS STREET ADDRESS ESPERANTE. 222 LAKEVIEW AVE STE 900 CITY-ST-ZIE CITY-ST-ZIP WEST PALM BEACH FL TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 empowared.

SIGNATURE:

ELIZABETH L MATHIEU

8/18/00 (2) 476-9103 Daytime Phone *