

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 08 1997 8:00am
Secretary of State

DOCUMENT # S61534 (1)
1. Corporation Name
U.S. TRUST COMPANY OF FLORIDA SAVINGS BANK



Principal Place of Business Mailing Address
132 ROYAL PALM WAY 132 ROYAL PALM WAY
PALM BEACH FL 33480 PALM BEACH FL 33480-4254

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
06/21/1991 01/26/1996

4. FEI Number Applied For
65-0268073 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

10. Name and Address of New Registered Agent

NOT REQUIRED PURSUANT TO
FLORIDA STATUTE
607.0501(2)

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	D
NAME	CALLAWAY, TROWBRIDGE, III	1.2 NAME	Wilson, Howard E. N.
STREET ADDRESS	132 ROYAL PALM WAY	1.3 STREET ADDRESS	132 Royal Palm Way
CITY-ST-ZIP	PALM BEACH FL	1.4 CITY-ST-ZIP	Palm Beach, FL 33414
TITLE	VD	2.1 TITLE	
NAME	CHMIEL, FELIX J.	2.2 NAME	
STREET ADDRESS	132 ROYAL PALM WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	LICKLE, GARRISON D.	3.2 NAME	
STREET ADDRESS	777 S. FLAGLER DR., SUITE 500	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	MAURER, JEFFREY S.	4.2 NAME	
STREET ADDRESS	114 W. 47TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	MCMAMARA, GERALDINE M.	5.2 NAME	
STREET ADDRESS	114 WEST 47TH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	
NAME	WEST, THURLOW A.	6.2 NAME	
STREET ADDRESS	132 ROYAL PALM WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	6.4 CITY-ST-ZIP	

14. I do 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 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 11/6/97 (561) 159-1550

CR2E034 (9/96)