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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **S61534**

1. Corporation Name
U.S. TRUST COMPANY OF FLORIDA SAVINGS BANK

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

04/08/99 90002 045 150.00
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/21/1991

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0268073 ☐ 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

9. Name and Address of Current Registered Agent

NOT REQUIRED OF BANKS

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 reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE	P/D	☐ Change ☒ Addition
NAME	CALLAWAY, TROWBRIDGE,III		1.2 NAME	Wilson, Howard	
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 33480	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CHIMIEL, 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	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
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	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RAHE, MARIBETH S.		4.2 NAME		
STREET ADDRESS	114 W-47TH ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10036		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MCNAMARA, 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	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
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		

CR2E034 (1/1/98)

14. 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 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: /s/ [illegible] REQUIRED Trowbridge Calloway, III 1/8/99 561-659-1660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DIRECTOR OR DIRECTOR — Date — Daytime Phone #