2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2017
Secretary of State
CC4339685279

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Entity Name: MARQUIS BANK

Current Principal Place of Business:

355 ALHAMBRA CIRCLE
SUITE 1200
CORAL GABLES, FL 33134

Current Mailing Address:

355 ALHAMBRA CIRCLE
SUITE 1200
CORAL GABLES, FL 33134

FEI Number: 26-0179431

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOLTZ, JAVIER J
355 ALHAMBRA CIRCLE
SUITE 1200
CORAL GABLES, FL 33134 US

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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	D/P
Name	LOPEZ, MIRIAM
Address	355 ALHAMBRA CIRCLE, SUITE 1200
City-State-Zip:	CORAL GABLES FL 33134

Title	D
Name	FELDMAN, PHILIP J
Address	355 ALHAMBRA CIRCLE, SUITE 1200
City-State-Zip:	CORAL GABLES FL 33134

Title	D
Name	PERLOW, JEFFREY M
Address	355 ALHAMBRA CIRCLE
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR
Name	CHAPLIN, PAUL B
Address	355 ALHAMBRA CIRCLE SUITE 1200
City-State-Zip:	CORAL GABLES FL 33134

Title	D
Name	EDELCUP, NORMAN S
Address	355 ALHAMBRA CIRCLE, SUITE 1200
City-State-Zip:	CORAL GABLES FL 33134

Title	D/S
Name	GROSS, JARRET L
Address	355 ALHAMBRA CIRCLE
City-State-Zip:	CORAL GABLES FL 33134

Title	CEO
Name	HOLTZ, JAVIER J
Address	355 ALHAMBRA CIRCLE
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR
Name	SHOHET, HILLEL
Address	355 ALHAMBRA CIRCLE SUITE 1200
City-State-Zip:	CORAL GABLES FL 33134

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL J TEPROFF CONTROLLER 03/14/2017

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	CONTROLLER
Name	TEPROFF, MICHAEL J.
Address	355 ALHAMBRA CIRCLE SUITE 1200
City-State-Zip:	CORAL GABLES FL 33134