

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000035299

Entity Name: CYPRESS TRUST COMPANY**Current Principal Place of Business:**251 ROYAL PALM WAY SUITE 500
PALM BEACH, FL 33480**Current Mailing Address:**251 ROYAL PALM WAY SUITE 500
PALM BEACH, FL 33480 US**FEI Number:** 65-0697774**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**DILLON, PATRICK
251 ROYAL PALM WAY SUITE 500
PALM BEACH, FL 33480 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	CHAIRMAN
Name	CHIGURUPATI, JAYARAM
Address	127 WEST BEARS CLUB DRIVE
City-State-Zip:	JUPITER FL 33477

Title	DIRECTOR, PRESIDENT, CEO
Name	HELMLY, WILLIAM H
Address	7634 S. VILLAGE SQ.
City-State-Zip:	VERO BEACH FL 32966

Title	DIRECTOR
Name	DAS, BIPLAP K
Address	GEHRENHOLZ 8H
City-State-Zip:	ZURICH 8055

Title	DIRECTOR
Name	KEMPF, DONALD GJR.
Address	14 COUNTRY ROAD
City-State-Zip:	VILLAGE OF GOLF FL 33436

Title	DIRECTOR
Name	GOLDSMITH, C. GERALD
Address	285 COLONIAL LANE
City-State-Zip:	PALM BEACH FL 33480

Title	DIRECTOR
Name	HASSEN, THOMAS E
Address	243 CLARKE AVENUE
City-State-Zip:	PALM BEACH FL 33480

Title	SECRETARY
Name	PATRICK, DILLON
Address	228 ELWA PL
City-State-Zip:	WEST PALM BEACH FL 33405

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: PATRICK DILLON**SECRETARY****04/16/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date