

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002061

Entity Name: U.S. TRUST COMPANY OF DELAWARE**Current Principal Place of Business:**1017 NORTH WALNUT ST
WILMINGTON, DE 19801**Current Mailing Address:**150 N COLLEGE ST; NC1-028-17-06
CHARLOTTE, NC 28255**FEI Number:** 51-0397509**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	PRESIDENT, DIRECTOR
Name	FORREST, THOMAS M
Address	150 N COLLEGE ST; NC1-028-17-06
City-State-Zip:	CHARLOTTE NC 28255

Title	SVP
Name	PRITCHARD, JASON
Address	150 N COLLEGE ST; NC1-028-17-06
City-State-Zip:	CHARLOTTE NC 28255

Title	SECRETARY
Name	JOHNSON, COLLEEN O
Address	150 N COLLEGE ST; NC1-028-17-06
City-State-Zip:	CHARLOTTE NC 28255

Title	TREASURER
Name	MCVEIGH, CATHLEEN
Address	150 N COLLEGE ST; NC1-028-17-06
City-State-Zip:	CHARLOTTE NC 28255

Title	DIRECTOR
Name	BLACKBURN, THOMAS S
Address	150 N COLLEGE ST; NC1-028-17-06
City-State-Zip:	CHARLOTTE NC 28255

Title	DIRECTOR
Name	MARION, JAMES M
Address	150 N COLLEGE ST; NC1-028-17-06
City-State-Zip:	CHARLOTTE NC 28255

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: JASON PRITCHARD

SVP

04/05/2017

Electronic Signature of Signing Officer/Director Detail_____
Date