## 2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002061

Entity Name: U.S. TRUST COMPANY OF DELAWARE

**Current Principal Place of Business:** 

1100 NORTH KING STREET WILMINGTON. DE 19884

**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

FILED Apr 24, 2015

**Secretary of State** 

CC4773844005

Officer/Director Detail:

Title PCEO Title SVP

Name FORREST, THOMAS M Name PRITCHARD, JASON

Address 150 N COLLEGE ST; NC1-028-17-06 Address 150 N COLLEGE ST; NC1-028-17-06

City-State-Zip: CHARLOTTE NC 28255 City-State-Zip: CHARLOTTE NC 28255

Title SEC Title TREA

Name JOHNSON, COLLEEN O Name MCVEIGH, CATHLEEN

Address 150 N COLLEGE ST; NC1-028-17-06 Address 150 N COLLEGE ST; NC1-028-17-06

City-State-Zip: CHARLOTTE NC 28255 City-State-Zip: CHARLOTTE NC 28255

Title DIR Title DIR

Name BLACKBURN, THOMAS S Name MARION, JAMES M

Address 150 N COLLEGE ST; NC1-028-17-06 Address 150 N COLLEGE ST; NC1-028-17-06

City-State-Zip: CHARLOTTE NC 28255 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

04/24/2015 Date