

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06561

Entity Name: DEUTSCHE INVESTMENT MANAGEMENT AMERICAS INC.**Current Principal Place of Business:**345 PARK AVENUE
NEW YORK, NY 10154**Current Mailing Address:**345 PARK AVENUE
NEW YORK, NY 10154 US**FEI Number:** 13-3241232**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. 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 P
Name SARBINOWSKI, JOSEPH
Address 345 PARK AVENUE NEW YORK, NY 10
City-State-Zip: NEW YORK NY 10154

Title CFO
Name TANZIL, NANCY
Address 60 WALL STREET NEW YORK, NY 100
City-State-Zip: NEW YORK NY 10005

Title S
Name MACDOUGALL, BENNETT
Address 60 WALL STREET NEW YORK, NY 100
City-State-Zip: NEW YORK NY 10005

Title ASST SECRETARY
Name LAROCCA, ANJIE
Address 60 WALL STREET NEW YORK, NY 100
City-State-Zip: NEW YORK NY 10005

Title D
Name NESTLE, CYNTHIA P
Address 345 PARK AVENUE NEW YORK, NY 10
City-State-Zip: NEW YORK NY 10154

Title D
Name COSTELLO, BRIAN
Address 60 WALL STREET
City-State-Zip: NEW YORK NY 10005

Title D
Name ROSNER, CHRISTINE
Address 60 WALL STREET
City-State-Zip: NEW YORK NY 10005

Title D
Name SARBINOWSKI, JOSEPH W
Address 345 PARK AVENUE
City-State-Zip: NEW YORK NY 10154

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: ANJIE LAROCCA**ASSISTANT SECRETARY** 03/05/2015_____
Electronic Signature of Signing Officer/Director Detail_____
Date