

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08338

**Entity Name:** DB PRIVATE CLIENTS CORP.**Current Principal Place of Business:**60 WALL STREET  
NEW YORK, NY 10005**Current Mailing Address:**60 WALL STREET  
NEW YORK, NY 10005 US**FEI Number:** 13-3276234**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 DIRECTOR  
Name FARISCHON, LAURA  
Address 60 WALL STREET  
City-State-Zip: NEW YORK NY 10005

Title DIRECTOR  
Name PEIRIS, BIMAL  
Address 60 WALL STREET  
City-State-Zip: NEW YORK NY 10005

Title COO  
Name PEIRIS, BIMAL  
Address 60 WALL STREET  
City-State-Zip: NEW YORK NY 10005

Title BOARD POSITIONS  
Name PEIRIS, BIMAL  
Address 60 WALL STREET  
City-State-Zip: NEW YORK NY 10005

Title DIRECTOR  
Name FRANK, JOSHUA  
Address 60 WALL STREET  
City-State-Zip: NEW YORK NY 10005

Title DIRECTOR  
Name JACKSON, CARL  
Address 60 WALL STREET  
City-State-Zip: NEW YORK NY 10005

Title MANAGING DIRECTOR  
Name DONAHOE, TIMOTHY  
Address 60 WALL STREET  
City-State-Zip: NEW YORK NY 10005

Title MANAGING DIRECTOR  
Name HART, KIMBERLY  
Address 60 WALL STREET  
City-State-Zip: NEW YORK NY 10005

**Continues on page 2**

*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: JEANNE ZELNICK****SECRETARY****04/25/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BATE, MARIA CONSUELO  
Address 60 WALL STREET  
City-State-Zip: NEW YORK NY 10005

Title CFO  
Name GREENE, WILLIAM  
Address 60 WALL STREET  
City-State-Zip: NEW YORK NY 10005

Title SECRETARY  
Name ZELNICK, JEANNE  
Address 60 WALL STREET  
City-State-Zip: NEW YORK NY 10005

Title DIRECTOR  
Name MEDINA, SARITA  
Address 60 WALL STREET  
City-State-Zip: NEW YORK NY 10005

Title ASSISTANT TREASURER  
Name HABORAK, THOMAS JR.  
Address 60 WALL STREET  
City-State-Zip: NEW YORK NY 10005

Title DIRECTOR  
Name CHEN, JIE  
Address 60 WALL STREET  
City-State-Zip: NEW YORK NY 10005

Title DIRECTOR  
Name GREENE, WILLIAM  
Address 60 WALL STREET  
City-State-Zip: NEW YORK NY 10005

Title ASSISTANT SECRETARY  
Name BRUDOLEY, MICHAEL  
Address 60 WALL STREET  
City-State-Zip: NEW YORK NY 10005

Title ASSISTANT SECRETARY  
Name CARROLL, PATRICIA  
Address 60 WALL STREET  
City-State-Zip: NEW YORK NY 10005

Title VP  
Name NG, YVONNE  
Address 60 WALL STREET  
City-State-Zip: NEW YORK NY 10005

Title ASSISTANT TREASURER  
Name KALAJIAN, STEPHEN  
Address 60 WALL STREET  
City-State-Zip: NEW YORK NY 10005

Title VP  
Name COLOFRANSON, RANJIT  
Address 60 WALL STREET  
City-State-Zip: NEW YORK NY 10005

Title ASSISTANT SECRETARY  
Name CHAPMAN- KENNEDY, TAYLOR  
Address 60 WALL STREET  
City-State-Zip: NEW YORK NY 10005

Title TREASURER  
Name COLOFRANSON, RANJIT  
Address 60 WALL STREET  
City-State-Zip: NEW YORK NY 10005