

2017 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:**1011 CENTRE ROAD, SUITE 200
WILMINGTON, DE 19805 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, MANAGING DIRECTOR
Name HOFFARTH, CHARLES
Address 60 WALL STREET
City-State-Zip: NEW YORK NY 10005

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

Title DIRECTOR
Name MCAVOY, DAN
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

Title SECRETARY, ASSOCIATE &
ASSISTANT SECRETARY
Name PATRICK, ANGELINE L.
Address 1011 CENTRE ROAD, SUITE 200
City-State-Zip: WILMINGTON DE 19805

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

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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: ANGELINE L. PATRICK**SECRETARY****05/11/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title MANAGING DIRECTOR
Name FERRARA, PETER
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 CHOU, HSIAO-II
Address 60 WALL STREET
City-State-Zip: NEW YORK NY 10005

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

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

Title VP
Name STOKES, SUSAN
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 MANAGING DIRECTOR & SECRETARY
Name SARACCO, CAROL
Address 60 WALL STREET
City-State-Zip: NEW YORK NY 10005

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

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

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

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

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

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