

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91058 001 \*\*\*150.00

**DOCUMENT # 824470**

1. Entity Name  
**DEUTSCHE FINANCIAL SERVICES CORPORATION**



Principal Place of Business  
**655 MARYVILLE CENTRE DR  
ST. LOUIS MO 63141  
US**

Mailing Address  
**655 MARYVILLE CENTRE DR  
ST. LOUIS MO 63141  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **41-0954316** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVPS GOLDMAN, RICHARD C. 14711 KULKARNI COURT CHESTERFIELD MO 63017</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MARTIN, ROBERT M 415 CONWAY PINE COURT ST. LOUIS MO 63141</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AVP GILLMANN, KURT 4 GRELLNOR PL MANCHESTER MO 63011</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVPA CULP, STEVEN W 715 FORSHEER COURT CHESTERFIELD MO 63017</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP GRATHWOHL, THOMAS J. 410 MOUNT PARAN RD. ATLANTA GA 30327</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE CD NAME STREET ADDRESS CITY-ST-ZIP	<b>Chief Executive Officer Daniel S. Henson 10 Riverview Drive Danbury, CT 06810</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE P NAME STREET ADDRESS CITY-ST-ZIP	<b>President 655 Maryville Centre Drive St. Louis, MO 63141</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer Matt Zakrzewski 10 Riverview Drive Danbury, CT 06810</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary Monica Gaudiosi 10 Riverview Drive Danbury, CT 06810</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Attesting Secretary Walter D. Bay 655 Maryville Centre Drive St. Louis, MO 63141</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Walter D. Bay* **Walter D. Bay, Attesting Secretary (314) 523-3084**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)