

**2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000003533

**FILED**  
**Apr 24, 2017**  
**Secretary of State**  
**CC4537292642**

**Entity Name:** SOCIETY OF TRUST AND ESTATE PRACTITIONERS - U.S., INC.

**Current Principal Place of Business:**

999 VANDERBILT BEACH ROAD, SUITE 501  
FIFTH THIRD CENTER  
NAPLES, FL 34108

**Current Mailing Address:**

999 VANDERBILT BEACH ROAD, SUITE 501  
FIFTH THIRD CENTER  
NAPLES, FL 34108 US

**FEI Number:** 26-4520720

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FARMER & ASSOCIATES, PLLC  
999 VANDERBILT BEACH ROAD, SUITE 501  
FIFTH THIRD CENTER  
NAPLES, FL 34108 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 C  
Name DAVIDSON, KATHARINE  
Address 555 W 5TH ST, 31ST FLOOR  
City-State-Zip: LOS ANGELES CA 90013

Title VC  
Name KELLOGG, JOSEPH  
Address 115 SUNRISE DRIVE, APT PH-5A  
City-State-Zip: KEY BISCAYNE FL 33149

Title S  
Name KRATZER, ELLEN  
Address 280 PARK AVE  
City-State-Zip: NEW YORK NY 10017

Title T  
Name REIMER, CHRISTOPHER M  
Address 270 W PEARL AVE STE 103  
City-State-Zip: JACKSON WY 83001

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOSEPH KELLOGG

VC

04/24/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date