

**2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000003533

**FILED**  
**May 04, 2020**  
**Secretary of State**  
**4958711434CC**

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

**Current Principal Place of Business:**

12750 HIGH BLUFF DRIVE, SUITE 300  
SAN DIEGO, CA 92130

**Current Mailing Address:**

12750 HIGH BLUFF DRIVE, SUITE 300  
SAN DIEGO, CA 92130 US

**FEI Number:** 26-4520720

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 REIMER, CHRISTOPHER  
Address 270 W PEARL ST STE 103  
PO BOX 3070  
City-State-Zip: JACKSON WY 83001

Title DIRECTOR, PRESIDENT  
Name KRATZER, ELLEN  
Address 280 PARK AVE 7TH FL  
City-State-Zip: NEW YORK NY 10017

Title DIRECTOR  
Name ROTHSCHILD, GIDEON  
Address 405 LEXINGTON AVE  
City-State-Zip: NEW YORK NY 10174

Title DIRECTOR  
Name DAVIDSON, KATHARINE  
Address 12750 HIGH BLUFF DRIVE, SUITE 300  
City-State-Zip: SAN DIEGO CA 92130

Title DIRECTOR  
Name HELLER, LAWRENCE  
Address 1840 CENTURY PARK EAST STE 1900  
City-State-Zip: LOS ANGELES CA 90067

Title DIRECTOR  
Name CADESKY, MICHAEL  
Address ATRIA III 2225 SHEPPARD AVE EAST  
STE 1001  
City-State-Zip: TORONTO ON M2J 5C2

Title DIRECTOR, SECRETARY  
Name SCZUDLO, PAUL  
Address 1925 CENTURY PARK EAST SUITE  
400  
City-State-Zip: LOS ANGELES CA 90067

Title DIRECTOR  
Name BARG, STANLEY  
Address 575 MADISON AVE 24TH FL  
City-State-Zip: NEW YORK NY 10022

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

**SIGNATURE:** ELLEN KRATZER

**PRESIDENT**

**05/04/2020**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR, TREASURER  
Name           MOLL, STEPHANIE  
Address        1700 LINCOLN ST STE 4100  
City-State-Zip: DENVER CO 80203

Title           DIRECTOR  
Name           WHITAKER, WARREN  
Address        7 TIMES SQUARE 20TH FL  
City-State-Zip: NEW YORK NY 10036