

Temporary Addresses I do NOT have a temporary address
 Please note: The registrant has reported additional temporary addresses not displayed here.

1. 358 El Brillo Way Palm Beach FL 33480-4730
 (Street Address) (City) (State) (Zip)
 County: Palm Beach Dates you will be at this address: From: 07/26/2012 To: _____

Transient Addresses I do NOT have a transient address

1. _____
 (Street Address or location) (City) (State) (Zip)
 County: _____ Dates you will be at this address: From: _____ To: _____

Employment I am currently unemployed.

1. Employer: Financial Trust Company Occupation: Owner Start Date: 07/26/2012
 Address: 6100 Red Hook Quarter Ste B3 St Thomas VI 00802
 (Street Address) (City) (State) (Zip)
 County: Saint Thomas Contact Person: _____

<p>Mailing Address</p> <p><input type="checkbox"/> Same as Permanent <input type="checkbox"/> Same as Temporary</p> <p>9 E 71st St (Address Line 1) _____ (Address Line 2) New York, NY 10021 (City) (State) (Zip) County: New York End Date: _____</p>	<p>Phone Numbers Please note: The registrant has reported additional phones not displayed here.</p> <p><input type="checkbox"/> I do NOT have or use any home or mobile phone numbers</p> <table border="1"> <thead> <tr> <th>Phone Number:</th> <th>Phone Type:</th> </tr> </thead> <tbody> <tr> <td>1. [REDACTED]</td> <td>Home</td> </tr> <tr> <td>2. _____</td> <td>Mobile</td> </tr> <tr> <td>3. _____</td> <td>Fax</td> </tr> <tr> <td>4. _____</td> <td>Work</td> </tr> <tr> <td>5. _____</td> <td>Fax</td> </tr> </tbody> </table>	Phone Number:	Phone Type:	1. [REDACTED]	Home	2. _____	Mobile	3. _____	Fax	4. _____	Work	5. _____	Fax
Phone Number:	Phone Type:												
1. [REDACTED]	Home												
2. _____	Mobile												
3. _____	Fax												
4. _____	Work												
5. _____	Fax												

Campus Activity I am NOT a student, employee, or volunteer at a university or institution of higher learning.

1. Student Employee Volunteer
 University/School Name: _____ Start Date: _____ End Date: _____
 Address: _____ Campus: _____
 (Street Address) (City) (State) (Zip)
 County: _____ Employer: _____ Contact: _____

Professional Licenses I do NOT have any professional licenses.

1. _____
 (Number) (Type) (Issued by)