

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

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91349 009 ***158.75

DOCUMENT # 840444

1. Entity Name **Israel Discount Bank Limited**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **27 Yehuda Halevi Street**
Suite, Apt. #, etc.

3. Mailing Address **c/o IDBank of NY**
511 Fifth Avenue
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tel-Aviv

City & State
New York, NY

4. FEI Number
13-1953609

Applied For
Not Applicable

Zip
65136

Country
Israel

Zip
10017

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

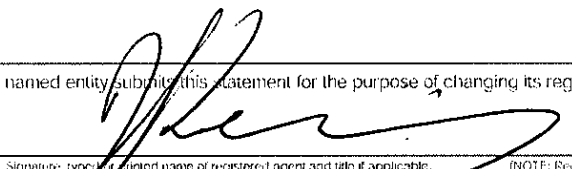
7. Name and Address of Current Registered Agent

Name **David Keinan**

Street Address (P.O. Box Number is Not Acceptable)
2875 N.E. 191st Street SAME

City **Aventura** **FL** Zip Code **33180**

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.

SIGNATURE 

5/16/2002
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE **EVP**
NAME **Greer, Leonard W.**
STREET ADDRESS **511 Fifth Avenue, New York NY**
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **SVPM**
NAME **Keinan, David**
STREET ADDRESS **2875 NE 191st Street**
CITY - ST - ZIP **Aventura, FL 33180**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **EVP**
NAME **Eskenazi, Edmond**
STREET ADDRESS **511 Fifth Avenue**
CITY - ST - ZIP **New York, NY 10017**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **EVP**
NAME **Bar-Ziv, Haim**
STREET ADDRESS **511 Fifth Avenue**
CITY - ST - ZIP **New York, NY**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **CEO**
NAME **Sheer, Arie**
STREET ADDRESS **511 Fifth Avenue, New York, NY**
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Theodore Itzkowitz, US Resident Secretary

Date _____ Daytime Phone # _____

CR2E034B (12/01)