

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **852347** (4)
1. Corporation Name
THE BANK OF NEW YORK, INC.

Principal Place of Business

**48 WALL STREET
NEW YORK NY 10286
US**

Mailing Address

**48 WALL ST
16TH FLOOR
NEW YORK NY 10286
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1982

4. FEI Number

13-5160382

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BARTH, RICHARD	
STREET ADDRESS	48 WALL STREET 16TH FLOOR	
CITY - ST - ZIP	NEW YORK NY 10286	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	BACOT, J CARTER	
STREET ADDRESS	48 WALL STREET	
CITY - ST - ZIP	NEW YORK NY	
TITLE	VPCD	<input type="checkbox"/> DELETE
NAME	GRIFFITH, ALAN R.	
STREET ADDRESS	48 WALL STREET	
CITY - ST - ZIP	NEW YORK NY	
TITLE	SEV	<input type="checkbox"/> DELETE
NAME	PAPAGEORGE, DENO D.	
STREET ADDRESS	48 WALL STREET	
CITY - ST - ZIP	NEW YORK NY	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LEARY, JOSEPH F	
STREET ADDRESS	48 WALL STREET 16TH FLOOR	
CITY - ST - ZIP	NEW YORK NY 10286	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	RENYI, THOMAS A	
STREET ADDRESS	48 WALL STREET 16TH FLOOR	
CITY - ST - ZIP	NEW YORK NY 10286	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BACOT, J. CARTER	
1.3 STREET ADDRESS	48 WALL STREET	
1.4 CITY - ST - ZIP	NEW YORK NY	
2.1 TITLE	CPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RENYI, THOMAS A.	
2.3 STREET ADDRESS	48 WALL STREET	
2.4 CITY - ST - ZIP	NEW YORK, NY	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joseph F. Leary* V.P. 3/31/98 (212) 495-1881

CR2E034 (10/97)