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

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State INISION OF CORPORATIONS

DOCUMENT # 852347

THE BANK OF NEW YORK, INC.

FILED May 13, 1999 8:00 am Secretary of State

05-13-1999 90047 044 ***150.00

rincipal Place of Business	Mairing Accress			,	
48 Wall Street New York, NY 10286 US	48 Wall Street 16 TH FICOR NEW YORK US		DO NOT WRITE IN THI 3. Date Incorporated or Qualifed 03/24/1982		
. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
ONE WALL STREET	26 100 Church Street	- 9th FL	13-5160382	Not Applicable	
Suite, Apt. #, etc.	Suite Act. = etc. 27 UO Joseph F. Loory-		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State NEW YORK NY	City & State New York, NY		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country 10286 25 US	Zip Country 29 10286 30 US		This corporation owes the current year I Personal Property Tax.	☐ Yes 🛂 No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL. 33324		81 Name 82 Street Addre	ss (P.O. Sox Number is Not Acceptable)		
		83			
The second to the expuisions of Sections 607 0502	and 607 1503. France Statistics, the	34 City	Foreign submits this statement for the purpose		

Pursuant to the provisions of Sections 607,0502 and 607 1505. Florida Statutes, the above-named corporation spomits this statement for the purpose of changing its registere office or registered agent, or both, in the State of Fiorida, Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 507,0505, Florida Statutes.

SIGNATURE -	Signature, "yped or printed name of registered adent and the flaphics.	f INOTE: Re	gistered Agent signature rec	suired when reinstating)		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OF		S IN 12
TITLE		C CELETE	1 7 TITLE	D	☐ X Change	Addition
NAME	D		1.2 NAME	BACOT, J. CARTER		
STREET ADDRESS	BACOT, J. CARTER		1.3 STREET ADDRESS	ONE WALL STREET		
CITY-ST-ZIP	48 WALLLST., NY, NY 1028	6	1.4 CITY-ST-ZIP	NEW YORK, NY 10286		
TITLE		DELETE	. 2.1 TITLE	CPD	🔀 Change	Addition
NAME	CPD		2.2 NAME	RENYI, THOMAS A.		
STREET ADDRESS	RENYI, THOMAS A.		2 3 STREET ADDRESS	ONE WALL STREET		į
	48 WALL STREET		2.4 CITY-ST-ZIP	NEW YORK, NY 10286		
TITLE	NEW YORK, NY 10286	DELETE	3,1 TITLE	VPCD	∭ C⊭suđa	Addition
1	VPCD		32 NAME	GRIFFITH, ALAN R.		
NAME	GRIFFITH, ALAN R.		3 3 STREET ADDRESS	ONE WALL STREET		
STREET ADDRESS	48 WALL STREET		34. CITY-ST-ZIP	NEW YORK, NY 10286		
CITY-ST-ZIP	NEW YORK, NY 10286	DELETE	4.1 TITLE	SEV	∑ i Change	☐ Addition
TITLE	SEV	_ 50.00.0	4.2 NAME	PAPAGEORGE, DENO D.		1
NAME	PAPAGEORGE, DENO D.		4.2 TOURE 4.3 STREET ADDRESS	-		
STREET ADDRESS	48 WALL STREET			ONE WALL STREET		ļ
CITY-ST-ZIP	NEW YORK, NY 10286	DELETE	4.4 CITY+ST-ZIP 5.1 TITLE	<u>NEW YORK, NY 10286</u>	∑ Change	Addition
TITLE	VP .	C) DEFEIR	5.1 TILE 5.2 NAME	VP LEARY, JOSEPH F.		_
NAME	LEARY, JOSEPH F.		5.3 STREET ADDRESS	100 CHURCH STREET,	9th FLOOR	
STREET ADDRESS	48 WALL STREET				Jen 1 Boon	
CITY-ST-ZIP	NEW YORK, NY 10286		5.4 CITY-ST-ZIP 6.1 TITUE	NEW YORK, NY 10286	∑ l Change	Addition
TITLE	PD	☐ DELETE	1	PD DENVI THOMAS A	Ca. Citalign	
NAME	RENYI, THOMAS A.		6.2 NAME	RENYI, THOMAS A.		1
STREET ADDRESS			6.3 STREET ADDRESS	ONE WALL STREET		
CITY-ST-ZIP	NEW YORK, NY 10286		6.4 CITY-ST-ZIP	NEW YORK, NY 10286	at the state of	-ftion

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 597, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an affectment with an address, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)