

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

**FILED**  
**May 11 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P22022 (8)**  
 1. Corporation Name  
**FIRST CHICAGO TRUST COMPANY OF NEW YORK**



Principal Place of Business <b>14 WALL ST.                  STE. #4680                  NEW YORK NY 10005                  US</b>	Mailing Address <b>525 WASHINGTON BLVD.                  MAIL SUITE 4696                  JERSEY CITY NJ 07103                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/08/1988</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>13-3340857</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CORPORATION COMPANY OF MIAMI                  1500 EDWARD BALL BUILDING                  100 CHOPIN PLAZA                  MIAMI FL 33131</b>				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 translating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPADAFORD, JOSEPH F.</b>	1.2 NAME	
STREET ADDRESS	<b>525 WASHINGTON BLVD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JERSEY CITY NJ</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EBERSMAN, FRANCINE</b>	2.2 NAME	
STREET ADDRESS	<b>525 WASHINGTON BLVD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JERSEY CITY NJ 07103</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SV</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MITCHELL, JANICE L.</b>	3.2 NAME	
STREET ADDRESS	<b>525 WASHINGTON BLVD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JERSEY CITY NJ 07103</b>	3.4 CITY-ST-ZIP	
TITLE	<b>DV</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALLACE, MARCIA L</b>	4.2 NAME	
STREET ADDRESS	<b>525 WASHINGTON BLVD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JERSEY CITY NE 07103</b>	4.4 CITY-ST-ZIP	
TITLE	<b>DC</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TINSLEY, EDWARD</b>	5.2 NAME	<b>SKAAR, CHRISTOPHER</b>
STREET ADDRESS	<b>525 WASHINGTON BLVD</b>	5.3 STREET ADDRESS	<b>525 WASHINGTON BLVD</b>
CITY-ST-ZIP	<b>JERSEY CITY NJ</b>	5.4 CITY-ST-ZIP	<b>JERSEY CITY, NJ</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: 

CR2E034 (10/97)