

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 852347

Entity Name: THE BANK OF NEW YORK, INC.**Current Principal Place of Business:**225 LIBERTY STREET
NEW YORK, NY 10286**Current Mailing Address:**225 LIBERTY STREET
NEW YORK, NY 10286 US**FEI Number:** 13-5160382**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title SECRETARY
Name BICKET, PATRICIA A.
Address 225 LIBERTY STREET
City-State-Zip: NEW YORK NY 10286

Title DIRECTOR
Name DONOFRIO, NICHOLAS M.
Address 225 LIBERTY STREET
City-State-Zip: NEW YORK NY 10286

Title DIRECTOR
Name ECHEVARRIA, JOSEPH
Address 225 LIBERTY STREET
City-State-Zip: NEW YORK NY 10286

Title TREASURER
Name FREIDENRICH, SCOTT
Address 225 LIBERTY STREET
City-State-Zip: NEW YORK NY 10286

Title DIRECTOR
Name GARDEN, EDWARD
Address 225 LIBERTY STREET
City-State-Zip: NEW YORK NY 10286

Title DIRECTOR
Name GOLDSTEIN, JEFFREY A.
Address 225 LIBERTY STREET
City-State-Zip: NEW YORK NY 10286

Title DIRECTOR/CEO
Name HASSELL, GERALD L.
Address 225 LIBERTY STREET
City-State-Zip: NEW YORK NY 10286

Title DIRECTOR
Name HINSHAW, JOHN
Address 225 LIBERTY STREET
City-State-Zip: NEW YORK NY 10286

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIA A. BICKET**SECRETARY****04/05/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name KELLY, EDMUND F.
Address 225 LIBERTY STREET
City-State-Zip: NEW YORK NY 10286

Title DIRECTOR
Name NORDENBERG, MARK A.
Address 225 LIBERTY STREET
City-State-Zip: NEW YORK NY 10286

Title DIRECTOR
Name ROBINSON, ELIZABETH
Address 225 LIBERTY STREET
City-State-Zip: NEW YORK NY 10286

Title DIRECTOR
Name LUKE, JOHN A. JR.
Address 225 LIBERTY STREET
City-State-Zip: NEW YORK NY 10286

Title DIRECTOR
Name REIN, CATHERINE A.
Address 225 LIBERTY STREET
City-State-Zip: NEW YORK NY 10286

Title DIRECTOR
Name SCOTT, SAMUEL C. III
Address 225 LIBERTY STREET
City-State-Zip: NEW YORK NY 10286