

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 852347

Entity Name: THE BANK OF NEW YORK, INC.**Current Principal Place of Business:**ONE WALL STREET
NEW YORK, NY 10286**Current Mailing Address:**ONE WALL 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 DIRECTOR, CHAIRMAN, PRESIDENT
Name HASSELL, GERALD L.
Address ONE WALL STREET
10TH FLOOR
City-State-Zip: NEW YORK NY 10286

Title SECRETARY
Name BICKET, PATRICIA A.
Address ONE WALL STREET
9TH FLOOR
City-State-Zip: NEW YORK NY 10286

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

Title DIRECTOR
Name NORDENBERG, MARK A.
Address OFFICE OF THE CHANCELLOR
107 CATHEDRAL OF LEARNING
City-State-Zip: PITTSBURGH PA 15260

Title DIRECTOR
Name KELLY, EDMUND F.
Address LIBERTY MUTUAL GROUP
175 BERKELEY STREET
City-State-Zip: BOSTON MA 02116

Title DIRECTOR
Name LUKE, JOHN A.
Address ONE WALL STREET
City-State-Zip: NEW YORK NY 10286

Title DIRECTOR
Name KOWALSKI, MICHAEL J.
Address ONE WALL STREET
City-State-Zip: NEW YORK NY 10286

Title DIRECTOR
Name DONOFRIO, NICHOLAS M.
Address ONE WALL 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****04/14/2015**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name KOGAN, RICHARD J.
Address ONE WALL STREET
City-State-Zip: NEW YORK NY 10286

Title DIRECTOR
Name RICHARDSON, WILLIAM C.
Address ONE WALL STREET
City-State-Zip: NEW YORK NY 10286

Title DIRECTOR
Name BRUCH, RUTH E.
Address 373 WEST COUNTY LINE ROAD
City-State-Zip: BARRINGTON HILLS IL 60010

Title VP
Name PETERS, LISA B.
Address ONE MELLON CENTER, ROOM 4700
City-State-Zip: PITTSBURGH PA 15258-0001

Title DIRECTOR
Name VON SCHACK, WESLEY W.
Address 11 MONUMENT LANE
City-State-Zip: BRUNSWICK ME 04011

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

Title DIRECTOR
Name SCOTT, SAMUEL C.
Address ONE WALL STREET
City-State-Zip: NEW YORK NY 10286