

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005992

Entity Name: BANK LEUMI USA**Current Principal Place of Business:**579 FIFTH AVENUE
NEW YORK, NY 10036**Current Mailing Address:**350 MADISON AVENUE
NEW YORK, NY 10017 US**FEI Number:** 13-2614394**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WATTS, JEFF
BANK LEUMI USA
19495 BISCAYNE BLVD. SUITE 801
AVENTURA, FL 33180 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:** JEFF WATTS

02/11/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR AND PRESIDENT
Name MENDELSON, AVNER
Address 579 FIFTH AVENUE
City-State-Zip: NEW YORK NY 10017

Title FSVP AND TREASURER
Name BOYAN, GEORGE
Address 350 MADISON AVENUE
City-State-Zip: NEW YORK NY 10017

Title DIRECTOR
Name COLE, WARREN
Address 579 FIFTH AVENUE
City-State-Zip: NEW YORK NY 10036

Title DIRECTOR
Name GOLDMAN, STEVEN
Address 579 FIFTH AVENUE
City-State-Zip: NEW YORK NY 10036

Title EVP, SECRETARY, GENERAL COUNSEL
Name SHERMAN, ANDREW
Address 350 MADISON AVENUE
City-State-Zip: NEW YORK NY 10017

Title EVP, CFO, AND COO
Name DAKKURI, RAJA
Address 350 MADISON AVENUE
City-State-Zip: NEW YORK NY 10017

Title DIRECTOR
Name DE JONGH, LAMAE
Address 579 FIFTH AVENUE
City-State-Zip: NEW YORK NY 10036

Title DIRECTOR
Name GOLDSTEIN, MICHAEL
Address 579 FIFTH AVENUE
City-State-Zip: NEW YORK NY 10036

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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: LAURIE J. STEINFELD**ASST. VICE PRESIDENT**

02/11/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HEYMAN, WILLIAM
Address 579 FIFTH AVENUE
City-State-Zip: NEW YORK NY 10036

Title DIRECTOR AND CHAIRMAN
Name JOHNSTON, CHARLES
Address 579 FIFTH AVENUE
City-State-Zip: NEW YORK NY 10036

Title DIRECTOR
Name MINTZ, YOEL
Address 579 FIFTH AVENUE
City-State-Zip: NEW YORK NY 10036

Title DIRECTOR
Name JAWITZ, SIMON
Address 579 FIFTH AVENUE
City-State-Zip: NEW YORK NY 10036

Title DIRECTOR
Name LAVIN, STEVEN
Address 579 FIFTH AVENUE
City-State-Zip: NEW YORK NY 10036

Title DIRECTOR
Name FRIEDMAN, HANAN
Address 579 FIFTH AVENUE
City-State-Zip: NEW YORK NY 10036