

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90375 029 \*\*\*150.00

**DOCUMENT # 350020**

1. Entity Name  
**CITY-NATIONAL BANK CORPORATION**

Principal Place of Business

P O BOX 025604  
 MIAMI FL 33102-2604

Mailing Address

P O BOX 025604  
 MIAMI FL 33102-2604

2. Principal Place of Business

**25 W. Flagler St.**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 025620**

Suite, Apt. #, etc.

City & State

**Miami Florida**

City & State

**Miami Florida**

4. FEI Number

**59-1271281**

Applied For

Not Applicable

Zip

**33130**

Country

**USA**

Zip

**33102-5620**

Country

**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SHOCKETT, WILLIAM**  
**25 W FLAGLER ST**  
**MIAMI FL 33130**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DEVP	<input type="checkbox"/> Delete
NAME	BRADY, THOMAS B	
STREET ADDRESS	25 W FLAGLER ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ABESS, LEONARD L. SR.	
STREET ADDRESS	25 W FLAGLER ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ABESS, LEONARD L. JR.	
STREET ADDRESS	25 W FLAGLER ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ABESS, ALLAN T., JR	
STREET ADDRESS	25 W FLAGLER ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	DEVP	<input type="checkbox"/> Delete
NAME	CAMP, PATRICIA M	
STREET ADDRESS	25 W FLAGLER ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	COWAN, IRVING	
STREET ADDRESS	25 W FLAGLER ST	
CITY-ST-ZIP	MIAMI FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMP, PATRICIA M.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Patricia M. Camp*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-02

Date

305-577-7445

Daytime Phone #

CR2E034 (9/01)