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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 350020

1. Entity Name
CITY NATIONAL BANK CORPORATION

24049066

Principal Place of Business	Mailing Address
25 W FLAGLER ST MIAMI, FL 33130	ATTN: FINANCE DEPARTMENT PO BOX 025620 MIAMI, FL 33102-5620

04082004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1271281 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHOCKETT, WILLIAM 25 W FLAGLER ST MIAMI, FL 33130	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DEVP BRADY, THOMAS B 25 W FLAGLER ST MIAMI, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D P	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ABESS, LEONARD L. JR. 25 W FLAGLER ST MIAMI, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chairman of the Board	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ABESS, ALLAN T., JR 25 W FLAGLER ST MIAMI, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DEVP CAMP, PATRICIA M 25 W FLAGLER ST MIAMI, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	5/14	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COWAN, IRVING 25 W FLAGER ST MIAMI, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	25 W. Flagler St.	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Patricia R. Patla 25 W. Flagler St. Miami, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☑ Addition

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia M. Camp Patricia M. Camp, EVP 4-9-04 305-577-7333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #