

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 350020

FILED  
Apr 26, 2011  
Secretary of State

**Entity Name:** CITY NATIONAL BANK CORPORATION

**Current Principal Place of Business:**

25 W FLAGLER ST  
MIAMI, FL 33130

**New Principal Place of Business:**

25 W FLAGLER ST  
SUITE 711  
MIAMI, FL 33130

**Current Mailing Address:**

ATTN: FINANCE DEPARTMENT  
PO BOX 025620  
MIAMI, FL 331025620

**New Mailing Address:**

25 W FLAGLER ST., SUITE 711  
ATTENTION: LEGAL DEPARTMENT  
MIAMI, FL 33130

**FEI Number:** 59-1271281

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

MARTIN, S. MARSHALL  
25 W FLAGLER ST  
SUITE 711  
MIAMI, FL 33130 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: S. MARSHALL MARTIN

04/26/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D/P  
Name: FERRAZ RICARTE, RAMON  
Address: C/ ORENSE 81, 4TH 28020  
City-St-Zip: MADRID, SP

Title: D  
Name: GABARDA, LUIS E  
Address: C/ ORENSE 81, 4TH 28020  
City-St-Zip: MADRID, SP

Title: D  
Name: PORRAS LOPEZ, RAFAEL  
Address: C/ ORENSE 81, 4TH 29020  
City-St-Zip: MADRID, SP

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: RAMON FERRAZ RICARTE

D/P

04/26/2011

Electronic Signature of Signing Officer or Director

Date