


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 818798**  
 1. Entity Name  
**AMERICAN EXPRESS COMPANY**



Principal Place of Business      Mailing Address  
**200 VESEY ST.**      **200 VESEY ST.**  
**WFC-3**      **NEW YORK, NY 10285-3002 US**  
**NEW YORK, NY 10285 US**



01042005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

A. FEI Number  
**13-4922250**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

**DO NOT WRITE IN THIS SPACE**

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 file if applicable. (NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO CHENAULT, KENNETH I 200 VESEY ST. NEW YORK, NY 10285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC LINEN, JONATHAN S 200 VESEY ST. NEW YORK, NY 10285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCEO CRITTENDEN, GARY L 200 VESEY ST. NEW YORK, NY 10285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP SCHICK, THOMAS 200 VESEY ST. NEW YORK, NY 10285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP PARENT, LOUISE M 200 VESEY ST. NEW YORK, NY 10285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NORMAN, STEPHEN 200 VESEY ST. NEW YORK, NY 10285

**DO NOT WRITE IN THIS SPACE**

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 04/11/05-80019-025 150.00

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: Stephen P. Norman      **Stephen P. Norman**      4/11/05      212-640-1257  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #