## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Apr 07, 2008 08:00 A Secretary of State

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1. Entity Name

AMERICAN EXPRESS COMPANY

US



Principal Place of Business

Mailing Address

200 VESEY ST.

200 VESEY ST.

WFC-3 NEW YORK, NY 10285 NEW YORK, NY 10285-3002 US



03102008

No Chg-P

CR2E034 (11/05)

4. 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

the obligat	named entity submits this statement for the price of registered agent.	urpose of changing its registe	ered office or re	egistered agent, or bol	th, in the State of Florida. I am familiar with, and accept		
SIGNATURE	Signature, typed or printed name of registered agent and life if	applicable (NOTÉ, Registe	ered Agent signature	required when reinstating)	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fin     Trust Fund Contribution		\$5.00 May Be Added to Fees	U00000834411 04/17/03-80042-018 150 00		
10.	OFFICERS AND DIREC	TORS		<del>-</del> -			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO CHENAULT, KENNETH I 200 VESEY ST. NEW YORK, NY 10285			,			
IFFLE NAME STREET ADDRESS CITY-ST-ZIP	VCEO HENRY, DANIEL 200 VESEY ST. NEW YORK, NY 10285						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP SCHICK, THOMAS 200 VESEY ST. NEW YORK, NY 10285			DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP PARENT, LOUISE M 200 VESEY ST. NEW YORK, NY 10285			IN <sup>-</sup>	THIS SPACE		
NAME STREET ADDRESS CITY-ST-ZIP	S NORMAN, STEPHEN 200 VESEY ST. NEW YORK, NY 10285						
TITLE NAME			'				

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 reserver or trusted 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:** 

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

en P. Norman

411108

212-640-2911

Daytime Phone #