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Jan 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 840396 (6)
 1. Corporation Name
LLOYDS BANK PLC (ENGLAND)



Principal Place of Business ATTN: LEGAL DEPT., 199 WATER ST. P. O. BOX 2008 NEW YORK NY 10038	Mailing Address ATTN: LEGAL DEPT., 199 WATER ST. P. O. BOX 2008 NEW YORK NY 10038
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3. Date Incorporated or Qualified 04/06/1978	3a. Date of Last Report 10/11/1996
4. FEI Number 13-2693385	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

**MOONEY, WILLIAM J
 2 BISCAYNE BLVD., STE. 3200
 MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	IBBS, SIR R	
STREET ADDRESS	71 LOMBARD STREET	
CITY-ST-ZIP	LONDON EC3P 3BS	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, MR. P G.	
STREET ADDRESS	71 LOMBARD STREET	
CITY-ST-ZIP	LONDON EC3P 3BS	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVIES, MR. J T.	
STREET ADDRESS	71 LOMBARD STREET	
CITY-ST-ZIP	LONDON EC3P 3BS	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PITMAN, SIR BRIAN,	
STREET ADDRESS	71 LOMBARD STREET	
CITY-ST-ZIP	LONDON EC3P 3BS	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GREENBURY, SIR R	
STREET ADDRESS	71 LOMBARD STREET	
CITY-ST-ZIP	LONDON EC3P 3BS	
TITLE	O	<input type="checkbox"/> DELETE
NAME	MCKENDRY, MR. K P.	
STREET ADDRESS	199 WATER ST	
CITY-ST-ZIP	NWEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Moore, Mr. A.E.
2.3 STREET ADDRESS	71 Lombard Street
2.4 CITY-ST-ZIP	London EC3P 3BS
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Ellwood, Mr. P.B.
5.3 STREET ADDRESS	71 Lombard Street
5.4 CITY-ST-ZIP	London, EC3P 3BS
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kevin P. McKendry* **Kevin P. McKendry** January 15, 1997 (212) 607 4501

CR2E034 (9/96)