## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED DOCUMENT # 840396 Jul 19, 2000 8:00 am 1. Entity Name LLOYDS TSB BANK PLC **Secretary of State** 07-19-2000 90014 038 \*\*\*550.00 Principal Place of Business Mailing Address 71 LOMBARD STREET 2 S. BISCAYNE BLVD. LONDON EC2P 3BS **SUITE 3200** MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 13-2693385 3-332*15*14 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MOONEY, WILLIAM J =Street Address:(P.O=Box:Number-is:Not:Acceptable): 2 BISCAYNE BLVD., STE. 3200 % LLOYDS BANK PLC **MIAMI FL 33131** 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so." After SEPTEMBER 13, 2000 Min. will be \$750,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition ☐ Change ☐ Delete TITLE TITLE PITTMAN, SIR BRIAN NAME NAME STREET ADDRESS 71 LOMBARD STREET STREET ADDRESS CITY-ST-ZIP LONDON EC3P 3BS CITY+ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE GOODISON, SIR NICHOLAS NAME NAME 71 LOMBARD STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONDON EC3P 3BS CITY-ST-ZIP Change ... - Addition ☐ Delete TITLE TITLE **ELLWOOD, PETER 8** NAME NAME STREET ADDRESS 71 LOMBARD STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONDON EC3P 3BS ☐ Addition ☐ Delete TITLE TITLE ATKINSON, KENT NAME NAME STREET ADDRESS STREET ADDRESS 71 LOMBARD STREET CITY-ST-ZIP CiTY-ST-ZIP LONDON EC3P 3BS ☐ Delete ☐ Change ☐ Addition TITI F TITLE MOONEY, WILLIAM J NAME NAME 71 LOMBARD STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP LONDON EC3P 3BS Change ☐ Addition TITLE ☐ Delete TITLE MCKENDRY, KEVIN P ESQ. NAME NAME STREET ADDRESS STREET ADDRESS **575 FIFTH AVENUE** CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10017** 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.