

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

0206252
 AV

DOCUMENT # 840396

1. Entity Name
LLOYDS TSB BANK PLC

04-11-2002 90041 015 ***150.00

Principal Place of Business
**71 LOMBARD STREET
 LONDON EC2P 3BS**

Mailing Address
**2 S. BISCAYNE BLVD.
 SUITE 3200
 MIAMI FL 33131**

530230



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 13-2693385		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MOONEY, WILLIAM J 2 BISCAYNE BLVD., STE. 3200 % LLOYDS BANK PLC MIAMI FL 33131				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PITTMAN, SIR BRIAN	NAME	van den Bergh, Maarten
STREET ADDRESS	71 LOMBARD STREET	STREET ADDRESS	71 LOMBARD STREET
CITY-ST-ZIP	LONDON EC3P 3BS	CITY-ST-ZIP	LONDON EC3P 3BS
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, ALAN E	NAME	
STREET ADDRESS	71 LOMBARD STREET	STREET ADDRESS	
CITY-ST-ZIP	LONDON EC3P 3BS	CITY-ST-ZIP	
TITLE	DO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLWOOD, PETER B	NAME	
STREET ADDRESS	71 LOMBARD STREET	STREET ADDRESS	
CITY-ST-ZIP	LONDON EC3P 3BS	CITY-ST-ZIP	
TITLE	DO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATKINSON, KENT	NAME	
STREET ADDRESS	71 LOMBARD STREET	STREET ADDRESS	
CITY-ST-ZIP	LONDON EC3P 3BS	CITY-ST-ZIP	
TITLE	O <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOONEY, WILLIAM J	NAME	
STREET ADDRESS	2 BISCAYNE BLVD SUITE 3200	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	CITY-ST-ZIP	
TITLE	O <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKENDRY, KEVIN P ESQ.	NAME	
STREET ADDRESS	575 FIFTH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017	CITY-ST-ZIP	

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.

SIGNATURE: *William J. Mooney* **April 3, 2002** 305-679-8990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)