FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 23 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # 851746 (8)

1. Corporation Name
CREDIT LYONNAIS, S.A.

Principal Place of Business
19 BD. DES ITALIENS
1301 AVE. OF THE AMERICAS
PARIS FR 10019
US

Mailing Address
GENERAL COUNSEL
1301 AVE. OF THE AMERICAS
NEW YORK NY 10019

3. Date Incorporated or Qualified: 02/02/1982
3a. Date of Last Report: 04/25/1994

2. Principal Place of Business
21
22 Suite, Apt #, etc
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt #, etc
28 City & State
29 Zip
30 Country

4. FEI Number: 13-2674617 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORP.
1916 HARDEN BLVD.
LAKELAND FL 33803

10. Name and Address of New Registered Agent

81 Name: Corporate Information Services
82 Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
83 Tallahassee,
84 City: FL
85 Zip Code: 32301

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: Karen B. Rozar (signature)
Corporation Information Services, Inc.
Karen B. Rozar, as its agent — 3/23/94

12. OFFICERS AND DIRECTORS

TITLE	C
NAME	PEYRELEVADE, JEAN
STREET ADDRESS	19 BLVD. DES ITALIENS
CITY-ST-ZIP	PARIS, FRANCE
TITLE	CEO
NAME	PEYRELEVADE, JEAN
STREET ADDRESS	19 BLVD. DES ITALIENS
CITY-ST-ZIP	PARIS, FRANCE
TITLE	GM
NAME	MICHEL RENAULT AND FRANCOIS GILLE
STREET ADDRESS	19 BLVD. DES ITALIENS
CITY-ST-ZIP	PARIS, FRANCE
TITLE	M
NAME	SERGE, BOUTISSOU
STREET ADDRESS	19 BLVD. DES ITALIENS
CITY-ST-ZIP	PARIS, FRANCE
TITLE	D
NAME	GISSEROT, PIERRE
STREET ADDRESS	19 BLVD. DES ITALIENS
CITY-ST-ZIP	PARIS, FRANCE
TITLE	D
NAME	BEGOT, GEORGES
STREET ADDRESS	19 BLVD. DES ITALIENS
CITY-ST-ZIP	PARIS, FRANCE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	C/P	[x] Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	GM	[x] Change ☐ Addition
22 NAME	Michel Renault	
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	M	[x] Change ☐ Addition
32 NAME	Robert Ganne	
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	D	[x] Change ☐ Addition
42 NAME	Gilbert Trigano	
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

3/23

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: (signature) E. V. P. 6 mars 95 42.05.01.17

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert Ganne