FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **851746** **(8)**

1. Corporation Name

CREDIT LYONNAIS, S.A.

Principal Place of Business	Mailing Address
19 BD. DES ITALIENS 1301 AVE. OF THE AMERICAS PARIS FR 10019 US	GENERAL COUNSEL 1301 AVE. OF THE AMERICAS NEW YORK NY 10019

3. Date Incorporated or Qualified: **02/02/1982**
3a. Date of Last Report: **03/23/1995**

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

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

CORPORATE INFORMATION SERVICES
1201 HAYS STREET
TALLAHASSEE FL 32301

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CP	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	PEYRELEVADE, JEAN		1.2 NAME	ACHARD, PIERRE	
STREET ADDRESS	19 BLVD. DES ITALIENS		1.3 STREET ADDRESS	19 BLVD. DES ITALIENS	
CITY-ST-ZIP	PARIS, FRANCE		1.4 CITY-ST-ZIP	PARIS, FRANCE	
TITLE	GM	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	RENAULT, MICHEL		2.2 NAME	ARNAULT, BERNARD	
STREET ADDRESS	19 BLVD. DES ITALIENS		2.3 STREET ADDRESS	19 BLVD. DES ITALIENS	
CITY-ST-ZIP	PARIS, FRANCE		2.4 CITY-ST-ZIP	PARIS, FRANCE	
TITLE	M	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	GANNE, ROBERT		3.2 NAME	BABUSIAUX, CHRISTIAN	
STREET ADDRESS	19 BLVD. DES ITALIENS		3.3 STREET ADDRESS	19 BLVD. DES ITALIENS	
CITY-ST-ZIP	PARIS, FRANCE		3.4 CITY-ST-ZIP	PARIS, FRANCE	
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	TRIGANO, GILBERT		4.2 NAME	COPPENS, GILBERT	
STREET ADDRESS	19 BLVD. DES ITALIENS		4.3 STREET ADDRESS	19 BLVD. DES ITALIENS	
CITY-ST-ZIP	PARIS, FRANCE		4.4 CITY-ST-ZIP	PARIS, FRANCE	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	GISSEROT, PIERRE		5.2 NAME	GOMEZ, ALAIN	
STREET ADDRESS	19 BLVD. DES ITALIENS		5.3 STREET ADDRESS	19 BLVD. DES ITALIENS	
CITY-ST-ZIP	PARIS, FRANCE		5.4 CITY-ST-ZIP	PARIS, FRANCE	
TITLE	D	☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	BEGOT, GEORGES		6.2 NAME	HORTAUT, JACKY	
STREET ADDRESS	19 BLVD. DES ITALIENS		6.3 STREET ADDRESS	19 BLVD. DES ITALIENS	
CITY-ST-ZIP	PARIS, FRANCE		6.4 CITY-ST-ZIP	PARIS, FRANCE	(Continued....)

CR2E034 (12/95)

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)(k), 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: _____ February 13, 1996 011-33-142.95.70.00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ROBERT ZIANE

851746 (8)

PROFIT CORPORATION ANNUAL REPORT 1996
FLORIDA DEPARTMENT OF STATE
DOCUMENT # 851746 (8)
CREDIT LYONNAIS, S.A.
PAGE 2

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (CONTINUED)

7.1 TITLE	D	__ Change	_X_ Addition
7.2 NAME	JOURNOUD, JACQUES		
7.3 ADDRESS	19 BLVD. DES ITALIENS		
7.4 CITY-ST-ZIP	PARIS, FRANCE		
8.1 TITLE	D	__ Change	_X_ Addition
8.2 NAME	LAGARDERE, JEAN-LUC		
8.3 ADDRESS	19 BLVD. DES ITALIENS		
8.4 CITY-ST-ZIP	PARIS, FRANCE		
9.1 TITLE	D	__ Change	_X_ Addition
9.2 NAME	LANDAU, JEAN-PIERRE		
9.3 ADDRESS	19 BLVD. DES ITALIENS		
9.4 CITY-ST-ZIP	PARIS, FRANCE		
10.1 TITLE	D	__ Change	_X_ Addition
10.2 NAME	LEMIERRE, JEAN		
10.3 ADDRESS	19 BLVD. DES ITALIENS		
10.4 CITY-ST-ZIP	PARIS, FRANCE		
11.1 TITLE	D	__ Change	_X_ Addition
11.2 NAME	LOMBARD, DIDIER		
11.3 ADDRESS	19 BLVD. DES ITALIENS		
11.4 CITY-ST-ZIP	PARIS, FRANCE		
12.1 TITLE	D	__ Change	_X_ Addition
12.2 NAME	NASSE, PHILLIPE		
12.3 ADDRESS	19, BLVD. DES ITALIENS		
12.4 CITY-ST-ZIP	PARIS, FRANCE		
13.1 TITLE	D	__ Change	_X_ Addition
13.2 NAME	PIERRE-BROSSOLETTE, CLAUDE		
13.3 ADDRESS	19, BLVD. DES ITALIENS		
13.4 CITY-ST-ZIP	PARIS, FRANCE		

(13. Cont'd. Next Page)

851746(8)

PROFIT CORPORATION ANNUAL REPORT 1996
FLORIDA DEPARTMENT OF STATE
DOCUMENT # 851746 (8)
CREDIT LYONNAIS, S.A.
PAGE 3

Although the "addition" box is marked (as though they were new appointees) the names below, as reported on our May 4, 1995 supplemental filing, remained on the Board of Directors:

3.1 TITLE	D
3.2 NAME	BABUSIAUX, CHRISTIAN
3.3 ADDRESS	19 BLVD. DES ITALIENS
3.4 CITY-ST-ZIP	PARIS, FRANCE
7.1 TITLE	D
7.2 NAME	JOURNOUD, JACQUES
7.3 ADDRESS	19 BLVD. DES ITALIENS
7.4 CITY-ST-ZIP	PARIS, FRANCE
11.1 TITLE	D
11.2 NAME	LOMBARD, DIDIER
11.3 ADDRESS	19 BLVD. DES ITALIENS
11.4 CITY-ST-ZIP	PARIS, FRANCE