

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Feb 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **851746** (8)

1. Corporation Name  
**CREDIT LYONNAIS, S.A.**



Principal Place of Business <b>19 BD. DES ITALIENS 1301 AVE. OF THE AMERICAS PARIS FR 10019 US</b>	Mailing Address <b>GENERAL COUNSEL 1301 AVE. OF THE AMERICAS NEW YORK NY 10019-8022</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/02/1982</b>		3a. Date of Last Report <b>02/26/1996</b>	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number <b>13-2674617</b>		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>				10. Name and Address of New Registered Agent			
81. Name							
82. Street Address (P.O. Box Number is Not Acceptable)							
83.							
84. City				85. Zip Code		<b>FL</b>	

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PEYRELEVADE, JEAN</b>	1.2 NAME	
STREET ADDRESS	<b>19 BLVD. DES ITALIENS</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PARIS, FRANCE</b>	1.4 CITY-ST-ZIP	
TITLE	GM <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RENAULT, MICHEL</b>	2.2 NAME	
STREET ADDRESS	<b>19 BLVD. DES ITALIENS</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PARIS, FRANCE</b>	2.4 CITY-ST-ZIP	
TITLE	M <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GANNE, ROBERT</b>	3.2 NAME	<b>M HERNANDEZ, ROGER</b>
STREET ADDRESS	<b>19 BLVD. DES ITALIENS</b>	3.3 STREET ADDRESS	<b>19 BLVD. DES ITALIENS</b>
CITY-ST-ZIP	<b>PARIS, FRANCE</b>	3.4 CITY-ST-ZIP	<b>PARIS, FRANCE</b>
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COPPENS, GILBERT</b>	4.2 NAME	
STREET ADDRESS	<b>19 BLVD DES ITALIENS</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PARIS FR</b>	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOMEZ, ALAIN</b>	5.2 NAME	<b>D DE LAJUGIE, JACQUES</b>
STREET ADDRESS	<b>19 BLVD DES ITALIENS</b>	5.3 STREET ADDRESS	<b>19 BLVD DES ITALIENS</b>
CITY-ST-ZIP	<b>PARIS FR</b>	5.4 CITY-ST-ZIP	<b>PARIS, FRANCE</b>
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEGOT, GEORGES</b>	6.2 NAME	
STREET ADDRESS	<b>19 BLVD. DES ITALIENS</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PARIS, FRANCE</b>	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 119.02(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 REQUIRED  
ROGER HERNANDEZ

01/30/1997 01.42.35.38  
Date Daytime Phone

CR2E034 (9/96)