


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

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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90154 030 ***158.75



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 851746 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	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 02/02/1982		4. FEI Number 13-2674617	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	
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 607.050 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			
1.1 TITLE CP <input type="checkbox"/> DELETE 1.2 NAME PEYRELEVADE, JEAN 1.3 STREET ADDRESS 19 BLVD. DES ITALIENS 1.4 CITY-ST-ZIP PARIS, FRANCE			
2.1 TITLE GM <input checked="" type="checkbox"/> DELETE 2.2 NAME RENAULT, MICHEL 2.3 STREET ADDRESS 19 BLVD. DES ITALIENS 2.4 CITY-ST-ZIP PARIS, FRANCE			
3.1 TITLE M <input type="checkbox"/> DELETE 3.2 NAME KOSCIUSKO, JACQUES 3.3 STREET ADDRESS 19 BLVD DES ITALIENS 3.4 CITY-ST-ZIP PARIS FR			
4.1 TITLE D <input type="checkbox"/> DELETE 4.2 NAME PIERRE-BROSSOLETTE, CLAUDE 4.3 STREET ADDRESS 19 BLVD DES ITALIENS 4.4 CITY-ST-ZIP PARIS FR			
5.1 TITLE D <input checked="" type="checkbox"/> DELETE 5.2 NAME DE LAJUGIE, JACQUES 5.3 STREET ADDRESS 19 BLVD DES ITALIENS 5.4 CITY-ST-ZIP PARIS FR			
6.1 TITLE D <input type="checkbox"/> DELETE 6.2 NAME BEGOT, GEORGES 6.3 STREET ADDRESS 19 BLVD. DES ITALIENS 6.4 CITY-ST-ZIP PARIS, FRANCE			

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
M. Kosciusko

3/25/1999 331 42 957000
Date Daytime Phone #

CR2E034 (1/98)