

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 851746

1. Entity Name

CREDIT LYONNAIS, S.A.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90080 016 ***158.75

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 10019-6022



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

19 Blvd. des Italiens

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Paris

City & State

4. FEI Number

13-2674617

Applied For

Not Applicable

Zip

Country

France

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CP	<input type="checkbox"/> Delete
NAME	PEYRELEVADE, JEAN	
STREET ADDRESS	19 BLVD. DES ITALIENS	
CITY-ST-ZIP	PARIS, FRANCE	
TITLE	M	<input checked="" type="checkbox"/> Delete
NAME	KOSCIUSKO, JACQUES	
STREET ADDRESS	19 BLVD DES ITALIENS	
CITY-ST-ZIP	PARIS FR	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PIERRE-BROSSOLETTE, CLAUDE	
STREET ADDRESS	19 BLVD DES ITALIENS	
CITY-ST-ZIP	PARIS FR	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEMIERRE, JEAN	
STREET ADDRESS	19 BLVD. DES ITALIENS	
CITY-ST-ZIP	PARIS, FRANCE	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BEGOT, GEORGES	
STREET ADDRESS	19 BLVD. DES ITALIENS	
CITY-ST-ZIP	PARIS, FRANCE	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Moriani, Jean-Marc	
STREET ADDRESS	19 Blvd des Italiens	
CITY-ST-ZIP	Paris, France	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barsalou, Yves	
STREET ADDRESS	19 Blvd des Italiens	
CITY-ST-ZIP	Paris, France	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	de la Martiniere, Gerard	
STREET ADDRESS	19 Blvd des Italiens	
CITY-ST-ZIP	Paris, France	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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:

Jean-Marc MORIANI, Executive Vice President International Division
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 14/04/2000 Daytime Phone #

CR2E034 (9/99)