

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 851746

1. Entity Name

CREDIT LYONNAIS, S.A.

**FILED**  
**May 05, 2001 8:00 am**  
**Secretary of State**

05-05-2001 90330 001 \*\*\*\*\*8.75

05-05-2001 90330 002 \*\*\*150.00

Principal Place of Business

19 BD. DES ITALIENS  
PARIS FR 10019  
US

Mailing Address

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

40967



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  
75002 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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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, 2001 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CP  
PEYRELEVADE, JEAN  
19 BLVD. DES ITALIENS  
PARIS, FRANCE ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
M  
MORIANI, JEAN-MARC  
19 BLVD DES ITALIENS  
PARIS FR ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
M  
MIGNUCCI, BERNARD  
19, Boulevard des Italiens  
75002, Paris, France ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BARSALOU, YVES  
19 BLVD DES ITALIENS  
PARIS FR ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LEMIERRE, JEAN  
19 BLVD. DES ITALIENS  
PARIS, FRANCE ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
COTIS, JEAN-PHILIPPE  
19, Boulevard des Italiens  
75002, Paris, France ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DE LA MARTINIERE, GERARD  
19 BLVD. DES ITALIENS  
PARIS, FRANCE ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 Chapter 607, 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:

Bernard Mignucci, Head of International Division

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)