



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90028 024 ***158.75

DOCUMENT # 851746 1. Entity Name CREDIT LYONNAIS, S.A.					
Principal Place of Business 19 BLVD., DES ITALIENS PARIS, FR 10019 US			Mailing Address GENERAL COUNSEL 1301 AVE. OF THE AMERICAS NEW YORK, NY 10019		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01062004 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 13-2674617	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable			
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRON, RENE 91-93 BOULEVARD PASTEUR PARIS, FR 75015 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBIER, DE LA SERRE, RENE 47 RUE DU FAUBOURG SAINT HONORE 75008 PARIS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAURENT, JEAN 91-93 BOULEVARD PASTEUR PARIS, FR 75015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/C LAURENT JEAN 91-93 BOULEVARD PASTEUR 75015 PARIS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASTIDE, PIERRE 3 AVENUE DE LA LIBERATION CLERMONT FERRAND, FR 63045 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUVILLET CHRISTIAN 304 BOULEVARD DU PRESIDENT WILSON 33076 BORDEAUX CEDEX <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUPUY, NOEL 91-93 BOULEVARD PASTEUR PARIS, FR 75015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUPUY NOEL BOULEVARD WINSTON CHURCHILL 37061 TOURS CEDEX <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BREIPHOL, DIETHART KONIGINSTRASSE 28 MUNCHEN, GE 80802 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESPARBES EDOUARD 26QUAI DE LA RAPEE 75596 PARIS CEDEX 12 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAUGET, GEORGES 91-93 BOULEVARD PASTEUR PARIS, FR 75015 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KERFRIDEN PIERRE 7 ROUTE DU LOCH 29555 QUIMPER CEDEX 9 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

Attachment

#851746

ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS IN 11

___Change ___X_Addition

TITLE D
NAME LEFEBVRE DOMINIQUE
STREET ADDRESS 1 RUE DANIEL BOUTET
CITY ST ZIP 28088 CHARTRES CEDEX

___Change ___X_Addition

TITLE D
NAME MURIE-SALVO ARLETTE
STREET ADDRESS 514 AVENUE DU PRADO
CITY ST ZIP 13267 MARSEILLE CEDEX 08

___Change ___X_Addition

TITLE D
NAME OZOUX JEAN-MICHEL
STREET ADDRESS 18 RUE DAVOUT
CITY ST ZIP 21085 DIJON CEDEX

___Change ___X_Addition

TITLE D
NAME DOUZET MARK
STREET ADDRESS 25 CHEMIN DE TROIS CYPRES
CITY ST ZIP 13097 AIX EN PROVENCE CEDEX 2

___Change ___X_Addition

TITLE M
NAME MIGNUCCI BERNARD
STREET ADDRESS 19 BOULEVARD DES ITALIENS
CITY ST ZIP 75002 PARIS