


**FILED**  
**May 17, 2005 8:00 am**  
**Secretary of State**

05-17-2005 90015 030 \*\*\*558.75

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # 851746</b>			
1. Entity Name <b>CREDIT LYONNAIS, S.A.</b>			
Principal Place of Business <b>19 BLVD., DES ITALIENS PARIS, FR 10019 US</b>		Mailing Address <b>GENERAL COUNSEL 4301 AVE. OF THE AMERICAS NEW YORK, NY 10019</b>	
2. Principal Place of Business		3. Mailing Address <b>COMPLIANCE DEPT</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>601 BRICKELL KEY DRIVE</b>	
City & State		City & State <b>MIAMI FL</b>	
Zip	Country	Zip	Country
<b>33131</b>		<b>33131</b>	
4. FEI Number <b>13-2674617</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBIER, RENE D 47 RUE DU FAUBOURG ST HONORE PARIS, FR 75008 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M JEAN-BLAISE DUC 601 BRICKELL KEY DRIVE MIAMI FL 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC LAURENT, JEAN 91-93 BOULEVARD PASTEUR PARIS, FR 75015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	<input type="checkbox"/> Change <input 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	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KERFRIDEN, PIERRE 7 ROUTE DU LOCH QUIMPER CEDEX 9, FR 29555 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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)(f), 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 a change like email address.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Miami, May 13 <sup>th</sup> 2005 305 375 78 00 Date Daytime Phone #	

# ATTACHMENT

## 40084360

### 2005 FOR PROFIT CORPORATION ANNUAL REPORT

Document # 851746 - CREDIT LYONNAIS

#### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	<input checked="" type="checkbox"/> Delete
NAME	MIGNUCCI BERNARD			
STREET ADDRESS	19 BOULEVARD DES ITALIENS			
CITY ST ZIP	75002 PARIS FRANCE			
TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	<input type="checkbox"/> Delete
NAME	PAUGET GEORGES			
STREET ADDRESS	19 BOULEVARD DES ITALIENS			
CITY ST ZIP	75002 PARIS FRANCE			
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	<input type="checkbox"/> Delete
NAME	LEFEBVRE DOMINIQUE			
STREET ADDRESS	1 RUE DANIEL BOUTET			
CITY ST ZIP	2088 CHARTRES CEDEX FRANCE			
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	<input type="checkbox"/> Delete
NAME	MURIE-SALVO ARLETTE			
STREET ADDRESS	514 AVENUE DU PRADO			
CITY ST ZIP	13627 MARSEILLE CEDEX 08 FRANCE			
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	<input type="checkbox"/> Delete
NAME	OZOUX JEAN-MICHEL			
STREET ADDRESS	18 RUE DAVOUT			
CITY ST ZIP	21085 DIJON CEDEX FRANCE			
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	<input type="checkbox"/> Delete
NAME	POUZET MARC			
STREET ADDRESS	25 CHEMIN DE TROIS CIDRES			
CITY ST ZIP	13097 AIX EN PROVENCE FRANCE			
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	<input type="checkbox"/> Delete
NAME	CHEVILLOTTE YVES			
STREET ADDRESS	11D RUE D'ECHANGE			
CITY ST ZIP	3500 RENNES FRANCE			
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	<input type="checkbox"/> Delete
NAME	DUVILLET CHRISTIAN			
STREET ADDRESS	40 CHEMIN DE LARTIGUE			
CITY ST ZIP	33520 BRUGES FRANCE			
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	<input type="checkbox"/> Delete
NAME	ESPARBES EDOUARD			
STREET ADDRESS	2 CHEMIN DES EZEAX			
CITY ST ZIP	91780 CHALO SAINT MARS FRANCE			
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	<input type="checkbox"/> Delete
NAME	HENRY CLAUDE			
STREET ADDRESS	RUE GABRIEL JANTON			
CITY ST ZIP	71700 LACROST FRANCE			
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	<input type="checkbox"/> Delete
NAME	SANDER JEAN-MARIE			
STREET ADDRESS	52 RUE DE L'EGLISE			
CITY ST ZIP	67590 OHLUNGEN FRANCE			