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•CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 AM 9:08

DOCUMENT # **852347** **(4)**

1. Corporation Name
THE BANK OF NEW YORK, INC.

Principal Place of Business	Mailing Address
48 WALL STREET NEW YORK NY 10005	48 WALL ST 17 FL NEW YORK NY 10286 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/24/1982	3a. Date of Last Report: 03/30/1994
4. FEI Number: 13-5160382	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	20
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27: 16th FLOOR
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0502 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPS	1.1 TITLE	☐ Change ☐ Addition
NAME	MCSWIGGAN, JACQUELINE R.	1.2 NAME	
STREET ADDRESS	48 WALL STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	
TITLE	CD	2.1 TITLE	☐ Change ☐ Addition
NAME	BACOT, J CARTER	2.2 NAME	
STREET ADDRESS	48 WALL STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	GRIFFITH, ALAN R.	3.2 NAME	
STREET ADDRESS	48 WALL STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	
TITLE	SEV	4.1 TITLE	☐ Change ☐ Addition
NAME	PAPAGEORGE, DENO D.	4.2 NAME	
STREET ADDRESS	48 WALL STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	
TITLE	SVA	5.1 TITLE	☐ Change ☐ Addition
NAME	GOEBERT, ROBERT J.	5.2 NAME	
STREET ADDRESS	48 WALL STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	
TITLE	SVC	6.1 TITLE	☐ Change ☐ Addition
NAME	KEILMAN, ROBERT E.	6.2 NAME	
STREET ADDRESS	48 WALL STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 is an attachment with an address.

SIGNATURE: Joseph F. Sheehy 1/12/95 212-495-1881
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0305561 FP

(3)

The Bank of New York, Inc.
ID# 13-5160382
Attachment For Florida Annual Report

Officers And Directors

1.	Title	Assistant Treasurer
2.	Name	Joseph F. Leary
3.	Street Address	48 Wall Street- 16th Floor
4.	City - State - Zip	New York, New York 10286