2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State
01-21-2003 90162 033 ***150.00

DOCUMENT # 852347

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

Principal Place of Business	Mailing Address
ONE WALL STREET NEW YORK NY 10286 US	28 EAST 28TH STREET C/O EDGAR ORTIZ - CORP TAX NEW YORK NY 10016 US

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	100 CHURCH ST., 9TH FLOOR Suite, Apt. #, etc. C/O EDGAR ORTIZ - CORP. TAX
City & State	City & State NEW YORK, NY
Zip / Country	Zip 10286 / Country USA

4. FEI Number 13-5160382 ☐ Applied For ☐ Not Applicable

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
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 BACOT, J. CARTER ONE WALL ST. NEW YORK NY 10286	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CPD RENYL, THOMAS A ONE WALL ST. NEW YORK NY 10286	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP CPD THOMAS A. RENYI ONE WALL ST. NEW YORK, NY 10286	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPCD GRIFFITH, ALAN R. ONE WALL ST. NEW YORK NY 10286	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEV VAN SAUN, BRUCE W ONE WALL ST. NEW YORK NY 10286	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RENYI, THOMAS A ONE WALL ST. NEW YORK NY 10286	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP SVP THOMAS J. MASTRO ONE WALL STREET NEW YORK, NY 10286	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ORHZ, EDGAR 28EAST 28TH STREET NEW YORK NY 10016	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP VP EDGAR ORTIZ 100 CHURCH STREET, 9TH FLOOR NEW YORK, NY 10286	☒ Change ☐ 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: SIGNATURE REQUIRED 1/8/03 (212) 437-5558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)