

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 854436

1. Entity Name

AMERICAN EXPRESS BANK LTD.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90004 041 ***150.00

Principal Place of Business

Mailing Address

SECRETARY'S OFFICE

200 VESEY STREET

NEW YORK NY 10285-5665-4601

US

SECRETARY'S OFFICE

200 VESEY STREET

NEW YORK NY 10285-1600-4601

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-4922260

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION COMPANY OF MIAMI
1500 EDWARD BALL BLDG.
100 CHOPIN PLAZA
TALLAHASSEE FL 33131

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, 2000 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 VC ☐ Delete
NAME FRANCIS X STANKARD
STREET ADDRESS 46 BLACK HAWKE COURT
CITY-ST-ZIP HOLMDEL N.

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

TITLE CCEO ☐ Delete
NAME JOHN A WARD, III
STREET ADDRESS 525 EAST 80TH STREET, APT. 12-D
CITY-ST-ZIP NEW YORK N

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

TITLE D ☐ Delete
NAME DUNCAN, CHARLES W.
STREET ADDRESS 9 BRIARWOOD COURT
CITY-ST-ZIP HOUSTON TX

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

TITLE S ☐ Delete
NAME STEPHEN P. NORMAN
STREET ADDRESS 6 HIGHLAND PARK PLACE
CITY-ST-ZIP RYE NY

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

TITLE P ☐ Delete
NAME KOURIDES, NICHOLAS
STREET ADDRESS 27 POLLY ARK RD
CITY-ST-ZIP RYE NY

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen P. Norman 4/21/00 212-640-
Secretary 3250

Date

Daytime Phone #

CR2E034 (9/99)