


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 21, 2008 8:00 am
Secretary of State


08-21-2008 90002 016 ***550.00

DOCUMENT # 854436 1. Entity Name AMERICAN EXPRESS BANK LTD.	
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Principal Place of Business 200 VESEY STREET WFC-3 SECRETARYS OFFICE NEW YORK, NY 10285 US	Mailing Address 200 VESEY STREET WFC-3 TAX DEPT NEW YORK, NY 10285-3002 US
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DO NOT WRITE IN THIS SPACE

40114021



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 13-4922260	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO HOLMES, RICHARD W 200 VESEY STREET NEW YORK, NY 10285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NORMAN, STEPHEN BRUNI, Gennaro 200 VESEY STREET NEW YORK, NY 10285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GC KOURIDES, NICHOLAS LARSON, ERIC 200 VESEY STREET NEW YORK, NY 10285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOUGH, PAUL H Pace, Sylvia 200 VESEY STREET NEW YORK, NY 10285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: ERIC LARSON (signature above) 8/13/08 212-667-0579
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #