

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

1-2

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 855251 (5)

1. Corporation Name

FIRST INTERSTATE BANCORPORATION, INC.



Principal Place of Business

Mailing Address

375 HUDSON STREET  
11TH FLOOR  
NEW YORK NY 10014  
US

375 HUDSON STREET  
11TH FLOOR  
NEW YORK NY 10014  
US

3. Date Incorporated or Qualified

01/14/1983

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

51-0267258

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	KUSHAY, RICHARD	
STREET ADDRESS	375 HUDSON STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VPS	<input checked="" type="checkbox"/> DELETE
NAME	ASH, EILEEN	
STREET ADDRESS	15 COLUMBUS CIR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VPT	<input checked="" type="checkbox"/> DELETE
NAME	KUSHAY, RICHARD	
STREET ADDRESS	15 COLUMBUS CIR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	AVP	<input type="checkbox"/> DELETE
NAME	VAN NAME, JUDY	
STREET ADDRESS	15 COLUMBUS CIR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	AVP	<input type="checkbox"/> DELETE
NAME	CAMPANA, ANITA	
STREET ADDRESS	15 COLUMBUS CIR	
CITY-ST-ZIP	NEW YORK NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOHN H. PELLETIER	
1.3 STREET ADDRESS	375 HUDSON STREET-11TH FLOOR	
1.4 CITY-ST-ZIP	NEW YORK, NEW YORK 10014	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	VICE PRESIDENT/SEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LORELEI ACKERMAN	
2.3 STREET ADDRESS	375 HUDSON STREET-11TH FLOOR	
2.4 CITY-ST-ZIP	NEW YORK, NEW YORK 10014	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	VICE PRESIDENT/TREAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ANITA CAMPANA	
3.3 STREET ADDRESS	375 HUDSON STREET-11TH FLOOR	
3.4 CITY-ST-ZIP	NEW YORK, NEW YORK 10014	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	375 HUDSON STREET-11TH FLOOR	
4.4 CITY-ST-ZIP	NEW YORK, NEW YORK 10014	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	375 HUDSON STREET-11TH FLOOR	
5.4 CITY-ST-ZIP	NEW YORK, NEW YORK 10014	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 on an attachment with an address.

SIGNATURE:

Anita Campa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-96

212-463-4674

Date

Daytime Phone #

CR2E034 (12/95)

**OFFICERS**

27

**PRESIDENT**

**JOHN H. PELLETIER**

**VICE PRESIDENT  
& SECRETARY**

**LORELEI ACKERMAN**

**VICE PRESIDENT  
& TREASURER**

**ANITA CAMPANA**

**ASST. VICE PRES.  
& ASST. SECRETARY**

**JUDY VAN NAME**

**ASST. VICE PRES.  
& ASST. TREASURER**

**MARIA DOSCHER**

**ALL TO:**

**375 HUDSON STREET  
NEW YORK, NEW YORK  
10014**

**DIRECTORS**

**JOHN H. PELLETIER**

**LORELEI ACKERMAN**

**ANITA CAMPANA**

**REV. 1/5/96**