

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **855280** (4)
1. Corporation Name
SOCIETE FRANCAISE DU CHEQUE DE VOYAGE, INC.

Principal Place of Business
**200 VESEY STREET
NEW YORK NY 10285-4415
US**

Mailing Address
**200 VESEY STREET
NEW YORK NY 10285-4415
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/18/1983	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAHL, JACQUES HENRI	1.2 NAME	
STREET ADDRESS	16 BLVD DES ITALIENS	1.3 STREET ADDRESS	
CITY-ST-ZIP	PARIS FR	1.4 CITY-ST-ZIP	
TITLE	OO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLE, ALAIN	2.2 NAME	
STREET ADDRESS	19/29 RUE DU CAPITAINE GUYNEMER	2.3 STREET ADDRESS	
CITY-ST-ZIP	PARIS LA DEFENSE FR	2.4 CITY-ST-ZIP	
TITLE	AS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHEPP, ANNE C	3.2 NAME	
STREET ADDRESS	200 VESEY STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	
TITLE	O	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORMAN, STEPHEN P	4.2 NAME	
STREET ADDRESS	200 VESEY STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEHMAN, CARL B	5.2 NAME	
STREET ADDRESS	4315 S 2700 W	5.3 STREET ADDRESS	
CITY-ST-ZIP	SALT LAKE CITY UT	5.4 CITY-ST-ZIP	
TITLE	SVP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE GUILLEBON, MARC	6.2 NAME	
STREET ADDRESS	103 CHAMPS ELYSEES	6.3 STREET ADDRESS	
CITY-ST-ZIP	PARIS FR	6.4 CITY-ST-ZIP	

14. 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 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: *Anne C Schepp*

Anne C. Schepp, Asst. Secretary 4/27/98 212 640-

CR2E034 (10/97)