FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:51

DOCUMENT # **858443** **(5)**

1. Corporation Name
ROYAL BANK OF CANADA

Principal Place of Business	Mailing Address
1 PLACE VILLE MARIE MONTREAL, QUEBEC CANADA H3C 3A9	1 PLACE VILLE MARIE (ATTN: LOUISE PHILION) 3RD FLOOR, NORTH WING MONTREAL-QUEBEC-CANADA H3C -3A9

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
11/15/1983	07/28/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number **13-5357855** ☐ 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
WEYMAN, SCOTT W 801 BRICKELL AVE. SUITE 1001 MIAMI FL 33131	81 Name: Chris Searson 82 Street Address (P.O. Box Number is Not Acceptable): 801 Brickell Avenue, Suite 2100 83 84 City: Miami **FL** 85 Zip Code: 33131

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 _____ 3/17/95
Signature (type 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	CD	11 TITLE	D	XX Change ☐ Addition
NAME	TAYLOR, A.R.	12 NAME		
STREET ADDRESS	200 BAY ST.	13 STREET ADDRESS		
CITY-ST-ZIP	TORONTO, ONTARIO	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE	C CEO D	XX Change ☐ Addition
NAME	CLEGHORN, J.E	22 NAME		
STREET ADDRESS	1 PLACE VILLE MARIE	23 STREET ADDRESS	200 Bay Street	
CITY-ST-ZIP	MONTREAL, QUEBEC	24 CITY-ST-ZIP	Toronto, Ontario	
TITLE	SEV	31 TITLE	Vice-Chairman	XX Change ☐ Addition
NAME	FEENEY, G.J.	32 NAME		
STREET ADDRESS	1 PLACE VILLE MARIE	33 STREET ADDRESS		
CITY-ST-ZIP	MONTREAL, QUEBEC	34 CITY-ST-ZIP		
TITLE	SEV	41 TITLE	Vice-Chairman	XX Change ☐ Addition
NAME	GALLOWAY, B.C.	42 NAME		
STREET ADDRESS	200 BAY STREET	43 STREET ADDRESS		
CITY-ST-ZIP	TORONTO, ONTARIO	44 CITY-ST-ZIP		
TITLE	EV	51 TITLE	Vice-Chairman & CFO	XX Change ☐ Addition
NAME	BOLDUC, J.E.	52 NAME		
STREET ADDRESS	1 PLACE VILLE MARIE	53 STREET ADDRESS		
CITY-ST-ZIP	MONTREAL, QUEBEC	54 CITY-ST-ZIP		
TITLE	AS	61 TITLE		☐ Change ☐ Addition
NAME	PHILION, L.	62 NAME		
STREET ADDRESS	1 PLACE VILLE MARIE	63 STREET ADDRESS		
CITY-ST-ZIP	MONTREAL, QUEBEC	64 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)(i), Florida Statutes. I further certify that the information indicated on this original 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: _____ Louise Philion - Assistant Secretary 514-874-4798
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #