

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

FILED
Apr 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

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)
4TH FLOOR, SOUTH WING
MONTREAL-QUEBEC-CANADA H3C 3A9

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/15/1983	
21	Suite, Apt. #, etc.	26	200 Bay St., RB Plaza, S.T.	4. FEI Number 13-5357855	
22	City & State	27	9th Flr.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Toronto, Ontario	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	MSJ 2J5	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	
25		30	CANADA		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SEARSON, CHRIS 801 BRICKELL AVENUE SUITE 2100 MIAMI FL 33131		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	VC <input type="checkbox"/> DELETE	1.1 TITLE	SVP & S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUTHERLAND, R.J.	1.2 NAME	LAWSON, J.E.
STREET ADDRESS	200 BAY ST.	1.3 STREET ADDRESS	200 Bay St., RB Plaza, S.T., 9th Flr.
CITY-ST-ZIP	TORONTO, ONTARIO	1.4 CITY-ST-ZIP	Toronto, Ontario MSJ 2J5
TITLE	CD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEGHORN, J.E.	2.2 NAME	
STREET ADDRESS	200 BAY STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	TORONTO ON	2.4 CITY-ST-ZIP	
TITLE	VC <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEENEY, G.J.	3.2 NAME	
STREET ADDRESS	1 PLACE VILLE MARIE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL, QUEBEC	3.4 CITY-ST-ZIP	
TITLE	VC <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLOWAY, B.C.	4.2 NAME	
STREET ADDRESS	200 BAY STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	TORONTO, ONTARIO	4.4 CITY-ST-ZIP	
TITLE	VC <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLDUC, J.E.	5.2 NAME	
STREET ADDRESS	1 PLACE VILLE MARIE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL, QUEBEC	5.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	5000024822 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILION, L.	6.2 NAME	-04/08/98--01015--028
STREET ADDRESS	1 PLACE VILLE MARIE	6.3 STREET ADDRESS	***150.00
CITY-ST-ZIP	MONTREAL, QUEBEC	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.

CR2E034 (10/97)