

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 858443

1. Entity Name

ROYAL BANK OF CANADA

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90047 045 \*\*\*150.00

Principal Place of Business

Mailing Address

1 PLACE VILLE MARIE  
MONTREAL QUEBEC  
CANADA H3C 3A9

200 BAY ST., RB PLAZA, S.T.  
9TH FLR.  
TORONTO ONTARIO, CANADA M5J

2. Principal Place of Business

3. Mailing Address

200 BAY STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

9th Floor South Tower, RB Plaza

City & State

City & State

Toronto, Ontario

4. FEI Number

13-5357855

Applied For

Not Applicable

Zip

Country

Zip

Country

M5J 2J5

CANADA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JULIAN M. STIENSTRA  
801 BRICKELL AVENUE  
SUITE 2100  
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Delete
NAME	LAWSON, JE	
STREET ADDRESS	200 BAY ST.	
CITY-ST-ZIP	TORONTO, ONTARIO	
TITLE	C	<input type="checkbox"/> Delete
NAME	CURRIE, PW	
STREET ADDRESS	200 BAY STREET	
CITY-ST-ZIP	TORONTO ON	
TITLE	VC	<input type="checkbox"/> Delete
NAME	FEENEY, G.J.	
STREET ADDRESS	1 PLACE VILLE MARIE	
CITY-ST-ZIP	MONTREAL, QUEBEC	
TITLE	VC	<input checked="" type="checkbox"/> Delete
NAME	GALLOWAY, B.C.	
STREET ADDRESS	200 BAY STREET	
CITY-ST-ZIP	TORONTO, ONTARIO	
TITLE	VC	<input checked="" type="checkbox"/> Delete
NAME	BOLDUC, J.E.	
STREET ADDRESS	1 PLACE VILLE MARIE	
CITY-ST-ZIP	MONTREAL, QUEBEC	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	PHILION, L.	
STREET ADDRESS	1 PLACE VILLE MARIE	
CITY-ST-ZIP	MONTREAL, QUEBEC	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLEASE SEE ATTACHED LIST OF DIRECTORS & OFFICERS	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRIE, P.W.	
STREET ADDRESS	200 BAY STREET	
CITY-ST-ZIP	TORONTO, ONTARIO, M5J 2J5	
TITLE	Deputy C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEENEY, G.J.	
STREET ADDRESS	200 BAY STREET	
CITY-ST-ZIP	TORONTO, ONTARIO M5J 2J5	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*SIGNATURE REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)