



2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F02000005630 1. Entity Name RBC CAPITAL MARKETS ARBITRAGE, S.A. CORPORATION						FILED 04 APR 28 PM 4:04 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business ONE LIBERTY PLAZA, 165 BROADWAY NEW YORK, NY 10006				Mailing Address ONE LIBERTY PLAZA, 165 BROADWAY NEW YORK, NY 10006			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number 48-0358048				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			
\$5.00 May Be Added to Fees							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURBIDGE, JOHN ONE LIBERTY PLAZA, 165 BROADWAY NEW YORK, NY 10006			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700035822137 05/10/04--01079--009 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STANDISH, MARK ONE LIBERTY PLAZA, 165 BROADWAY NEW YORK, NY 10006			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RUNCIMAN, BRUCE ONE LIBERTY PLAZA, 165 BROADWAY NEW YORK, NY 10006			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO HOTTLIEB, PAUL ONE LIBERTY PLAZA, 165 BROADWAY NEW YORK, NY 10006			TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO Gottlieb, Paul <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCO HARE-BEY, DWAYNE ONE LIBERTY PLAZA, 165 BROADWAY NEW YORK, NY 10006			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAVOSO, RICHARD ONE LIBERTY PLAZA, 165 BROADWAY NEW YORK, NY 10006			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Paul M. Gottlieb				Date 4/21/04 Daytime Phone # 212-858-7444			