


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F02000005992 1. Entity Name BANK LEUMI USA			FILED 04 OCT -8 PM 12:20 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 579 FIFTH AVENUE NEW YORK, NY 10017		Mailing Address 579 FIFTH AVENUE NEW YORK, NY 10017	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address General Counsel, 562 Fifth Ave. Suite, Apt. #, etc.	
City & State		City & State NY NY	
Zip	Country	Zip 10036	Country USA
4. FEI Number 13-2614394		Chg-P CR2E034 (10/03)	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SEGAL, AKIVA BANK LEUMI USA 800 BRICKELL AVENUE, SUITE 1400 MIAMI, FL 33131		7. Name and Address of New Registered Agent 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.</small>		DATE 9/17/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEGAL, ZALMAN 579 FIFTH AVENUE NEW YORK, NY 10017	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600041709696 10/08/04--01025--006 **158.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV MAURO, ANTHONY 420 LEXINGTON AVENUE NEW YORK, NY 10170	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600041709696 10/08/04--01025--006 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVS GLASSMAN, WENDI S 562 FIFTH AVENUE NEW YORK, NY 10170	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GIORDANO, ROBERT 564 FIFTH AVENUE NEW YORK, NY 10036	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C RAFF, EITAN % BANK LEUMI/1E-ISRAEL B.M., 24-32 YEHUDA HALEVI STREET/TEL AVIV/61000,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC SEGAL, ZALMAN 579 FIFTH AVENUE NEW YORK, NY 10017	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>		Date Oct. 4, 2004 Daytime Phone # 212-626-1266	