


08-22-2005 90063 029 ***550.00
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2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 AUG 25 PM 2: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
50062763

DOCUMENT # F02000005992	
1. Entity Name BANK LEUMI USA	

Principal Place of Business 579 FIFTH AVENUE NEW YORK, NY 10017	Mailing Address GENERAL COUNSEL 562 FIFTH AVENUE NEW YORK, NY 10036
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DO NOT WRITE IN THIS SPACE



06282005 No Chg-P CR2E034 (10/03)

4. FEI Number 13-2614394	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SEGal, AKIVA SCHIFF, JOSEPH
BANK LEUMI USA
800 BRICKELL AVENUE, SUITE 1400
MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

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 *J. Schiff* **JOSEPH SCHIFF** 8/4/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P	SEGal, ZALMAN ROSEN, UZI
NAME	
STREET ADDRESS	579 FIFTH AVENUE
CITY-ST-ZIP	NEW YORK, NY 10017
TITLE SV	MAURO, ANTHONY
NAME	
STREET ADDRESS	420 LEXINGTON AVENUE
CITY-ST-ZIP	NEW YORK, NY 10170
TITLE SVS	GLASSMAN, WENDI S
NAME	
STREET ADDRESS	562 FIFTH AVENUE
CITY-ST-ZIP	NEW YORK, NY 10170
TITLE T	GIORDANO, ROBERT
NAME	
STREET ADDRESS	564 FIFTH AVENUE
CITY-ST-ZIP	NEW YORK, NY 10036
TITLE C	RAFF, EITAN
NAME	
STREET ADDRESS	% BANK LEUMI/1E-ISRAEL B.M., 24-32 YEHUDA HALEVI STREET/TEL AVIV/61000.
CITY-ST-ZIP	
TITLE VC	SEGal, ZALMAN
NAME	
STREET ADDRESS	579 FIFTH AVENUE
CITY-ST-ZIP	NEW YORK, NY 10017

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8/25

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: *Wendi Glassman* **Wendi Glassman** 8/3/05 212.626.1266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone