


08-22-2005 90063 029 \*\*\*550.00  
F02000005992

### 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

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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"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

~~SEGAL, AKIYA~~ 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 NAME STREET ADDRESS CITY-ST-ZIP	P <del>SEGAL, ZALMAN</del> ROSEN, UZI 579 FIFTH AVENUE NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV MAURO, ANTHONY 420 LEXINGTON AVENUE NEW YORK, NY 10170
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	T GIORDANO, ROBERT 564 FIFTH AVENUE NEW YORK, NY 10036
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	VC SEGAL, ZALMAN 579 FIFTH AVENUE NEW YORK, NY 10017

**DO NOT WRITE IN THIS SPACE**

*Wendy Glassman* 8/3/05

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