

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005992

FILED  
Jan 06, 2006  
Secretary of State

Entity Name: BANK LEUMI USA

**Current Principal Place of Business:**

579 FIFTH AVENUE  
NEW YORK, NY 10017

**New Principal Place of Business:**

**Current Mailing Address:**

GENERAL COUNSEL  
562 FIFTH AVENUE  
NEW YORK, NY 10036

**New Mailing Address:**

FEI Number: 13-2614394      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ROSEN, UZI  
Address: 579 FIFTH AVENUE  
City-St-Zip: NEW YORK, NY 10017

Title: SV ( ) Delete  
Name: MAURO, ANTHONY  
Address: 420 LEXINGTON AVENUE  
City-St-Zip: NEW YORK, NY 10170

Title: SVS ( ) Delete  
Name: GLASSMAN, WENDI S  
Address: 562 FIFTH AVENUE  
City-St-Zip: NEW YORK, NY 10170

Title: T ( ) Delete  
Name: GIORDANO, ROBERT  
Address: 564 FIFTH AVENUE  
City-St-Zip: NEW YORK, NY 10036

Title: C ( ) Delete  
Name: RAFF, EITAN  
Address: % BANK LEUMI/1E-ISRAEL B.M., 24-32 YEHUDA  
City-St-Zip: HALEVI STREET/TEL AVIV/61000,

Title: VC ( ) Delete  
Name: SEGAL, ZALMAN  
Address: 579 FIFTH AVENUE  
City-St-Zip: NEW YORK, NY 10017

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WENDI GLASSMAN

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01/06/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date