## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F02000005992

Entity Name: BANK LEUMI USA

FILED Jan 08, 2007 Secretary of State

				Now Pain singl Place of Business			
Current Principal Place of Business:				New Principal Place of Business:			
579 FIFTH A NEW YORK	AVENUE K, NY 10017						
Current Mailing Address:				New Mailing Address:			
GENERAL COUNSEL 562 FIFTH AVENUE NEW YORK, NY 10036							
FEI Number:	13-2614394	FEI Number Applied For ( )	FEI Num	nber Not Appli	cable ( )	Certificate of Status	Desired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
SCHIFF, JOSEPH BANK LEUMI USA 800 BRICKELL AVENUE, SUITE 1400 MIAMI, FL 33131 US				SCHIFF, JOSEPH BANK LEUMI USA 19495 BISCAYNE BLVD. SUITE 801 AVENTURA, FL 33180 US			
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:				01/08/2007			
	Electroni	c Signature of Registered Agent	İ			Date	
Election Campaign Financing Trust Fund Contribution ( ).							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P ( ) I ROSEN, UZI 579 FIFTH AVEN NEW YORK, NY			Title: Name: Address: City-St-Zip:	()(	Change ()Addition	
Title: Name: Address: City-St-Zip:	SV () I MAURO, ANTHO 420 LEXINGTON NEW YORK, NY	I AVENUE		Title: Name: Address: City-St-Zip:	SVP (X) C SANFRATELLO, 420 LEXINGTON NEW YORK, NY	AVENUE	
Title: Name: Address: City-St-Zip:	SVS () I GLASSMAN, WE 562 FIFTH AVEN NEW YORK, NY	IUE		Title: Name: Address: City-St-Zip:	SVS (X) C GLASSMAN, WEI 562 FIFTH AVEN NEW YORK, NY	UE	
Title: Name: Address: City-St-Zip:	T () I GIORDANO, RO 564 FIFTH AVEN NEW YORK, NY	IUE		Title: Name: Address: City-St-Zip:	()(	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	RAFF, EITAN % BANK LEUMI/	Delete 1E-ISRAEL B.M., 24-32 YEHUDA 7TEL AVIV/61000,		Title: Name: Address: City-St-Zip:	RAFF, EITAN BANK LEUMI LE	Change()Addition ISRAEL IALEVI STREET, TE(	61000 IS
Title: Name: Address: City-St-Zip:	VC (X) SEGAL, ZALMAN 579 FIFTH AVEN NEW YORK, NY	IUE		Title: Name: Address: City-St-Zip:	()(	Change ( ) Addition	

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 G. GLASSMAN SVS 01/08/2007