
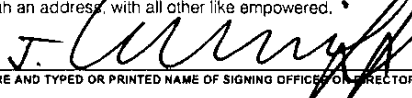


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2008 8:00 am
Secretary of State

08-01-2008 90040 021 ***150.00

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		2. Principal Place of Business - No P.O. Box #	
Suite, Apt. #, etc.		3. Mailing Address	
Suite, Apt. #, etc.		City & State	
City & State		City & State	
Zip		Country	
Zip		Country	
6. Name and Address of Current Registered Agent SCHIFF, JOSEPH BANK LEUMI USA 19495 BISCAYNE BLVD. SUITE 801 AVENTURA, FL 33180		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEN, UZI	NAME	
STREET ADDRESS	579 FIFTH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10017	CITY-ST-ZIP	
TITLE	SVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANFRATELLO, JOHN	NAME	
STREET ADDRESS	420 LEXINGTON AVENUE	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10170	CITY-ST-ZIP	
TITLE	SVS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLASSMAN, WENDI G	NAME	
STREET ADDRESS	562 FIFTH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10170	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIORDANO, ROBERT	NAME	
STREET ADDRESS	564 FIFTH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10036	CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAFF, EITAN	NAME	
STREET ADDRESS	BANK LEUMI LE ISRAEL	STREET ADDRESS	
CITY-ST-ZIP	24-32 YEHUDA HALEVI STREET, TE 61000	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		Date: 7/29/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 305-9186986	
Joseph Schiff			

30112008



07172008 Chg-P CR2E034 (12/06)

4. FEI Number 13-2614394 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

FL Zip Code

7/29/08

305-9186986

ATTACHMENT
40112613

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



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Document Number F02000005992
Business Entity Name BANK LEUMI USA

After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances which the entity did not receive prior notice. Please check this box if filing after May notice was not received.

FEI Number 13 - 2614394

FEI Number Status Listed Above Applied For Not Applicable

Certificate of Status \$8.75 (Optional)

Election Campaign Financing Trust Fund Contribution Yes No

Principal Place of Business

Address 579 FIFTH AVENUE (PO Box not acceptable)

Suite, Apt. #, etc.

City, State NEW YORK, NY

Zip Code & Country 10017

Mailing Address

If your mailing address is the same as the principal address above, please check the box below. Otherwise your mailing address.

Mailing address same as principal address

Address GENERAL COUNSEL

Suite, Apt. #, etc. 562 FIFTH AVENUE

City, State NEW YORK, NY

Zip Code & Country 10036

Name And Address of Registered Agent

ATTACHMENT 40112613

#F02000005992

Name (Last, First, Middle, Title) SCHIFF JOSEPH

- OR -

Business to serve as RA

Street Address In Florida BANK LEUMI USA (PO Box not acceptable)

Suite, Apt. #, etc. 19495 BISCAYNE BLVD. SUITE 801

City, State AVENTURA, FL

Zip Code & Country 33180 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA. Registered Agent Signature This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name And Address

Name And Address #1

Title P

Name (Last, First, Middle, Title) ROSEN UZI

- OR -

Entity Name to serve as Officer/Director

Street Address 579 FIFTH AVENUE

City, State NEW YORK, NY

Zip Code & Country 10017

Name And Address #2

Title SVP

Name (Last, First, Middle, Title) SANFRATELLO JOHN

- OR -

Entity Name to serve as Officer/Director

Street Address 420 LEXINGTON AVENUE

City, State NEW YORK, NY

Zip Code & Country 10170

Name And Address #3

40112613
#F02000005992

Title

SVS

Name (Last, First, Middle, Title)

GLASSMAN

WENDI

G

- OR -

Entity Name to serve as Officer/Director

Street Address

562 FIFTH AVENUE

City, State

NEW YORK

NY

Zip Code & Country

10170

Name And Address #4

Title

T

Name (Last, First, Middle, Title)

GIORDANO

ROBERT

- OR -

Entity Name to serve as Officer/Director

Street Address

564 FIFTH AVENUE

City, State

NEW YORK

NY

Zip Code & Country

10036

Name And Address #5

Title

C

Name (Last, First, Middle, Title)

RAFF

EITAN

- OR -

Entity Name to serve as Officer/Director

Street Address

BANK LEUMI LE ISRAEL

City, State

24-32 YEHUDA HALEVI STREI, TE

Zip Code & Country

61000

IS

Name And Address #6

Title

Name (Last, First, Middle, Title)

40112613
F02600005992

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

SVS

Officer/Director Signature

Neville Glesoman

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

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