

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F02000005992

FILED
Nov 13, 2009
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:

420 LEXINGTON AVENUE
NEW YORK, NY 10170

Current Mailing Address:

GENERAL COUNSEL
562 FIFTH AVENUE
NEW YORK, NY 10036

New Mailing Address:

420 LEXINGTON AVENUE
NEW YORK, NY 10170

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
19495 BISCAYNE BLVD. SUITE 801
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

SEGAL, AKIVA
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: AKIVA SEGAL

11/13/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: SVP () Delete
Name: SANFRATELLO, JOHN
Address: 420 LEXINGTON AVENUE
City-St-Zip: NEW YORK, NY 10170

Title: SVS () Delete
Name: GLASSMAN, WENDI G
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 LE ISRAEL
City-St-Zip: 24-32 YEHUDA HALEVI STREET, TE 61000 IS

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:

I hereby certify that the information supplied with this filing does not qualify 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: JOHN SANFRATELLO

SVP

11/13/2009

Electronic Signature of Signing Officer or Director

Date