

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005729

Entity Name: INTERAUDI BANK

FILED
Jan 14, 2009
Secretary of State

Current Principal Place of Business:

19 EAST 54TH STREET
NEW YORK, NY 10022

New Principal Place of Business:

Current Mailing Address:

19 EAST 54TH STREET
NEW YORK, NY 10022

New Mailing Address:

FEI Number: 13-3148430

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACHKAR, NABIL J
200 SOUTH BISCAYNE BOULEVARD
SUITE 1900
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: CD () Delete
Name: AUDI, JOSEPH G
Address: 19 EAST 54TH STREET
City-St-Zip: NEW YORK, NY 10022

Title: MD () Delete
Name: YERVANT, DEMIRJIAN
Address: 19 EAST 54TH STREET
City-St-Zip: NEW YORK, NY 10022

Title: D () Delete
Name: BURNS, RICHARD
Address: 19 EAST 54TH STREET
City-St-Zip: NEW YORK, NY 10022

Title: D () Delete
Name: BUCHERT, DENNIS
Address: 19 EAST 54TH ST
City-St-Zip: NEW YORK, NY 10022

Title: D () Delete
Name: KHOURY, WAEL
Address: 19 EAST 54TH STREET
City-St-Zip: NEW YORK, NY 10022

Title: D () Delete
Name: LATAIF, LOUIS E
Address: 19 EAST 54TH STREET
City-St-Zip: NEW YORK, NY 10022

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CCEO (X) Change () Addition
Name: AUDI, JOSEPH G
Address: 19 EAST 54TH STREET
City-St-Zip: NEW YORK, NY 10022

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

Title: () Change () Addition
Name:
Address:
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Title: () Change () Addition
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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: MARYANN SEERY

VP

01/14/2009

Electronic Signature of Signing Officer or Director

Date