FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000004796 (7)

1. Corporation Name
INTERVEST BANCSHARES CORPORATION

Principal Place of Business	Mailing Address
10 ROCKEFELLER PLAZA. #1015 NEW YORK NY 10020-1015	10 ROCKEFELLER PLAZA. #1015 NEW YORK NY 10020-1015

2. Principal Place of Business 21: Plaza, Suite 1015, NY, NY 10020-1903	2a. Mailing Address 26: Suite 1015, NY, NY 10020-1903
Suite, Apt. #, etc. 22:	Suite, Apt. #, etc. 27:
City & State 23:	City & State 28:
Zip 24: / Country 25:	Zip 29: / Country 30:

3. Date Incorporated or Qualified: 10/05/1995
3a. Date of Last Report:
4. FEI Number: 13-3699013 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

NATIONSCORP REGISTERED AGENTS INC.
526 E. PARK AVE., #200
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 000001809276
-05/06/96--01035--042
84 City ***200.00 FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PTDC	☐ DELETE
NAME	DANSKER, LOWELL S	
STREET ADDRESS	222 W. 83RD ST.	
CITY-ST-ZIP	NEW YORK NY 10024	
TITLE	VSDC	☐ DELETE
NAME	BERGMAN, LAWRENCE G	
STREET ADDRESS	201 E. 62ND ST.	
CITY-ST-ZIP	NEW YORK NY 10021	
TITLE	D	☐ DELETE
NAME	CALLEN, MICHAEL A	
STREET ADDRESS	RYUTAT	
CITY-ST-ZIP	JEDDAH SAUDI ARABIA	
TITLE	D	☐ DELETE
NAME	DANSKER, JEROME	
STREET ADDRESS	860 5TH AVE.	
CITY-ST-ZIP	NEW YORK NY 10021	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	D	☐ Change ☒ Addition
12 NAME	Gidge, Milton F.	
13 STREET ADDRESS	43 Salem Ridge Drive	
14 CITY-ST-ZIP	Huntington, NY	
21 TITLE	D	☐ Change ☒ Addition
22 NAME	Holly, William F.	
23 STREET ADDRESS	206 Edgemere Drive	
24 CITY-ST-ZIP	Rochester, NY	
31 TITLE	D	☐ Change ☒ Addition
32 NAME	Willmott, David J.	
33 STREET ADDRESS	West Way	
34 CITY-ST-ZIP	Southampton, NY	
41 TITLE	D	☐ Change ☒ Addition
42 NAME	Wood, Wesley T.	
43 STREET ADDRESS	24 Timber Ridge Drive	
44 CITY-ST-ZIP	Oyster Bay, NY	
51 TITLE	PTDC	☒ Change ☐ Addition
52 NAME	Dansker, Lowell S.	
53 STREET ADDRESS	360 West 55th Street	
54 CITY-ST-ZIP	New York, NY	
61 TITLE	VD	☒ Change ☐ Addition
62 NAME	Dansker, Jerome	
63 STREET ADDRESS	860 5th Avenue	
64 CITY-ST-ZIP	New York, New York 10021	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true, that any furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or added on an attachment with an address.

SIGNATURE: Lawrence G Bergman — 4/22/96 — (212) 757-7300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number