

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F96000003783 (5)

1. Corporation Name

NATIONAL BANK OF CANADA

Principal Place of Business
800 DE LA GAUCHETIERE ST W
MONTREAL
QUEBEC, CANADA H3B 4L2

Mailing Address
125 W 55TH ST
NEW YORK NY 10019-5366
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/25/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BLOOMENFELD, MICHAEL S
5200 TOWN CENTER CIRCLE, SUITE 306
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CCEO
NAME BERARD, ANDRE
STREET ADDRESS 600 DE LA GAUCHETIERE ST W
CITY-ST-ZIP QUEBEC, CANADA H3B 4L2

TITLE D
NAME COULOMBE, GERARD
STREET ADDRESS 600 DE LA GAUCHETIERE ST W
CITY-ST-ZIP QUEBEC, CANADA H3B 4L2

TITLE PCOO
NAME COURVILLE, LEON
STREET ADDRESS 600 DE LA GAUCHETIERE ST W
CITY-ST-ZIP QUEBEC, CANADA H3B 4L2

TITLE S
NAME REMILLARD, JOHANNE L.
STREET ADDRESS 600 DE LA GAUCHETIERE ST W
CITY-ST-ZIP QUEBEC CA

TITLE D
NAME CLOSS, MAURICE J
STREET ADDRESS GLEN EAGLES, 885 GREENSWARD LANE
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE D
NAME COUTU, FRANCOIS J
STREET ADDRESS 530 BERIAULT ST, LONGUEUIL
CITY-ST-ZIP QUEBEC J4G 1S8

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME Linda Caty
4.3 STREET ADDRESS 600 de La Gauchetiere West
4.4 CITY-ST-ZIP Quebec, Canada

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 on an attachment with an address.

SIGNATURE:

Harvey Brooks

July 16, 1998 (212) 632-8555

CR2E034 (5/98)