

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90175 002 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**

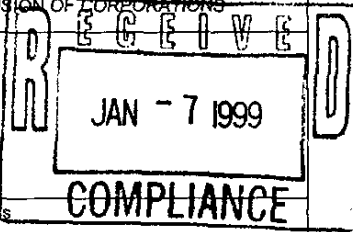


FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F96000003783**

1. Corporation Name

**NATIONAL BANK OF CANADA**



Principal Place of Business

**600 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**

4. FEI Number

**NOT APPLICABLE**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

2a. Mailing Address

**26** Suite, Apt. #, etc.

City & State

**23** Zip Country

City & State

**27** Zip Country

**24** **25**

**29** **30**

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 ☐ DELETE  
NAME **CCED**  
STREET ADDRESS **BERARD, ANDRE**  
CITY-ST-ZIP **600 DE LA GAUCHETIERE ST W  
QUEBEC, CANADA H3B 4L2**

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

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

TITLE ☐ DELETE  
NAME **S**  
STREET ADDRESS **CATY, LINDA**  
CITY-ST-ZIP **600 DE LA GAUCHETIERE W  
QUEBEC CA**

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **Senior Vice President-US**  
1.3 STREET ADDRESS **Harvey L. Brooks**  
1.4 CITY-ST-ZIP **125 W. 55th Street  
New York, NY 10019**

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  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

**HARVEY L. BROOKS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/11/1999**  
Date

**212-632-8500**  
Daytime Phone #

CR2E034 (11/98)